# COUNCIL AGENDA

**DATE:** Thursday, March 29, 2018  **FROM:** 9:00 a.m. – 3:00 p.m. (Elections 3:00 – 4:00 p.m.)

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Objective</th>
<th>Attachment(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0</strong> Call to Order</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>2.0</strong> Declaration of Conflict of Interest</td>
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<tr>
<td><strong>3.0</strong> Approval of Agenda</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>4.0</strong> Draft Minutes</td>
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<tr>
<td><strong>4.1</strong> Draft Council Minutes of January 25, 2018</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>5.0</strong> Registrar’s Report</td>
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<tr>
<td><strong>5.1</strong> Registrar’s Written Report</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td><strong>5.2</strong> Presentation: <em>Operational Status Report</em> (15 min) by Elinor Larney, Registrar</td>
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<td><strong>5.3</strong> Priority Performance Report</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>6.0</strong> Finance</td>
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<tr>
<td><strong>6.1</strong> January 2018 Financial Report</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>6.2</strong> Annual Investment Report</td>
<td>Information</td>
<td>✓</td>
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<td><strong>7.0</strong> Governance</td>
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<tr>
<td><strong>7.1</strong> 2018 Elections – Districts 3, 5 &amp; 6</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td><strong>7.2</strong> Council Policy Review – Per Diems</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>7.3</strong> College Values Statements (10:00 AM) Facilitated by Carolyn Everson</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>8.0</strong> New Business</td>
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<tr>
<td><strong>8.1</strong> Controlled Act Regulation</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>8.2</strong> <em>Protecting Patients Act, 2017: Proposed Regulations &amp; Next Steps</em> Presentation by: Kara Ronald, Deputy Registrar</td>
<td>Information</td>
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<tr>
<td><strong>8.3</strong> Standards for the Prevention of Sexual Abuse</td>
<td>Decision</td>
<td>✓</td>
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<td><strong>8.4</strong> Standards for the Supervision of Occupational Therapist Assistants</td>
<td>Decision</td>
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<td><strong>8.5</strong> Guidelines for Working Within Managed Resources</td>
<td>Decision</td>
<td>✓</td>
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<td><strong>9.0</strong> Environmental Scan</td>
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<td>10.0 Committee Reports</td>
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<td>10.1 Executive</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>10.1.1 Practice Issues Subcommittee</td>
<td>Information</td>
<td>✓</td>
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<td>10.2 Registration</td>
<td>Information</td>
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<td>10.3 Inquiries, Complaints &amp; Reports</td>
<td>Information</td>
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<td>10.4 Discipline</td>
<td>Information</td>
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<tr>
<td>10.5 Fitness to Practise</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>10.6 Quality Assurance</td>
<td>Information</td>
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<td>10.7 Patient Relations</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>10.8 Nominations</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>11.0 Other Business</td>
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<tr>
<td>11.1 Council Meeting Evaluation</td>
<td>Complete &amp; Submit</td>
<td>✓</td>
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<tr>
<td>12.0 Next Meetings</td>
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<tr>
<td>Council Meeting: Tuesday, June 26, 2018, 9:00 a.m. – 3:30 p.m., at the College</td>
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<td>13.0 Adjournment</td>
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</table>
DATE: Thursday, January 25, 2018   FROM: 9:00 a.m. – 4:00 p.m.

PRESENT:
Jane Cox, Chair
Donna Barker
Julie Chiba Branson
Mary Egan
Julie Entwistle
Jeannine Girard-Pearlman
Shannon Gouchie
Jennifer Henderson
Patrick Hurteau
Winston Isaac
Kurisummoottil S. Joseph
Ernie Lauzon
Laurie Macdonald
Annette McKinnon
Serena Shastri-Estrada
Paula Szeto

REGRETS:
Abdul Wahid

GUESTS:
Carolyn Everson, Consultant, The Everson Group
Dorothy Luong, Research Associate, St. Michael’s Hospital

ALSO PRESENT:
Elinor Larney, Registrar
Kara Ronald, Deputy Registrar
Jin Shen, Director of Finance & Corporate Services
Nancy Stevenson, Director of Communications
Aoife Coghlan, Manager, Investigations & Resolutions, (9.1)
Tim Mbugua, Policy Analyst (9.0-10.0)
Sandra Carter, Practice Advisor, (9.0-10.0)
Sonia Mistry, Practice Advisor, (9.0-10.0)
Brandi Park, Manager, Registration
Seema Sindwani, Manager, Quality Assurance
Andjelina Stanier, Executive Assistant, Scribe

1.0 Call to Order
The Chair welcomed Council members, guests and staff and called the meeting to order at 9:05 a.m.

2.0 Declaration of Conflict of Interest
The Chair asked if members had a conflict of interest to declare. None was reported.

3.0 Approval of Agenda
The Chair asked if there were any additions or changes to the agenda. None were reported.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Annette McKinnon

THAT the agenda be approved as presented.
CARRIED

4.0 Approval of Minutes
4.1 Draft Council Minutes of October 26, 2017
The Chair asked if there were any edits to the draft Council minutes of October 26, 2017. None were reported.
MOVED BY: Laurie Macdonald
SECONDED BY: Serena Shastri-Estrada

THAT the draft Council minutes of October 26, 2017 be approved as presented.

CARRIED

5.0 Registrar’s Report

5.1 Registrar’s Report
Council reviewed the written report and the Registrar responded to questions. A discussion took place on the controlled act of psychotherapy.

5.2 Registrar’s Presentation
The Registrar reported on the outcomes of specific areas of focus related to the 2017-2018 Strategic Plan. Nancy Stevenson presented a series of promotional videos available to view on the College website and YouTube channel.

5.3 Priority Performance Report
Council reviewed and discussed performance data for Q2 (September 1, 2017 – November 30, 2017) of the 2017-2018 fiscal year related to the College’s progress towards meeting objectives as outlined in the 2017-2020 Strategic Plan.

MOVED BY: Shannon Gouchie
SECONDED BY: Jennifer Henderson

THAT Council receives the Priority Performance Report for the second quarter as presented.

CARRIED

6.0 Finance

6.1 November (Q2) 2017 Financial Report
Jin Shen reviewed the report and responded to questions.

MOVED BY: Winston Isaac
SECONDED BY: Ernie Lauzon

THAT Council receives the November 2017 financial report, statement of financial position, and statement of operations, as presented.

CARRIED

7.0 Council Development
Carolyn Everson, governance consultant, facilitated a workshop as part of the College Values review process. She provided feedback from the survey and interviews conducted with members of the public, Council and staff in the fall of 2017. Council considered the results and each member provided input. The following Council members volunteered to form a working group, which will meet prior to the March Council meeting, tasked with developing the final updated version of the College Values: Laurie Macdonald, Serena Shastri-Estrada, Mary Egan, Jennifer Henderson, Julie Entwistle, and Annette McKinnon. Additional members include Carolyn Everson, Elinor Larney, Kara Ronald and Nancy Stevenson.
8.0 Governance

8.1 Nominations Committee – Terms of Reference Review
Council reviewed the proposed changes to the terms of reference for the Nominations Committee and made several recommendations.

MOVED BY: Laurie Macdonald
SECONDED BY: Julie Chiba Branson

THAT Council approves the revisions to the Nominations Committee Terms of Reference, including today’s changes.

CARRIED

8.2 Appointment of Nominations Committee
The Chair stated that the Nominations Committee is composed of at least two Council members who are retiring from Council or not standing for a position, ideally one public and one professional member. Committee terms of reference do, however, allow for the appointment of two public or two professional members. The Chair called for volunteers to form the committee. Mary Egan and Shannon Gouchie put their names forward. The Chair asked if any public members were available. None came forward. Council acknowledged that no public member was available.

MOVED BY: Serena Shastri-Estrada
SECONDED BY: Kurisummoottil S. Joseph.

THAT Council appoints Mary Egan and Shannon Gouchie to the Nominations Committee.

CARRIED

8.3 Council Draft Policy RL12 - Risk Management Policy
Council reviewed the draft Risk Management policy.

MOVED BY: Shannon Gouchie
SECONDED BY: Jeannine Girard-Pearlman


CARRIED

9.0 New Business

9.1 Bylaw Amendments
Aoife Coghlan reviewed the proposed amendments with Council and provided the rationale. In addition to minor language changes for consistency, also included are mandatory changes for the bylaws to align with new legislation. The latter will require stakeholder consultation.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Ernie Lauzon

THAT Council approves the proposed bylaw changes, subject to the requirement to circulate those changes which the College must circulate to registrants, prior to final approval.
9.2 Revised Standards for the Supervision of Students
Shannon Gouchie explained this document was originally issued in 2011 and a full review was overdue according to the College’s five-year review policy. Significant revisions have been incorporated, but with no implications for policy. Council reviewed the document and provided recommendations. Council was asked to approve the document for stakeholder consultation.

MOVED BY: Shannon Gouchie
SECONDED BY: Serena Shastri-Estrada

THAT Council approves the revised Standards for the Supervision of Students, including today’s changes, for stakeholder consultation.

CARRIED

9.3 Revised Standards for Psychotherapy
Shannon Gouchie explained that this document, originally issued in 2010, was overdue for a full review according to the College’s five-year review policy, and also necessary in light of the proclamation of the controlled act of psychotherapy. Significant re-drafting, including changes to policy content, were made. Council reviewed the document and provided further recommendations. Council was asked to approve the document for stakeholder consultation.

MOVED BY: Shannon Gouchie
SECONDED BY: Laurie Macdonald

THAT Council approves the revised Standards for Psychotherapy, including today’s changes, for stakeholder consultation.

CARRIED

The Chair expressed her appreciation on behalf of Council to the Practice Issues Subcommittee and staff for their hard work and commitment in completing the review and revision of these standards.

10.0 Roundtable
Dorothy Luong, Research Associate, Kara Ronald, Deputy Registrar and Seema Sindwani, Manager, Quality Programs, presented on: Results of the Quality Assurance Competency Review and Evaluation (CRE) Process.

11.0 Committee Reports
11.1 Executive – Report by Jane Cox, Chair
11.2 Practice Issues Subcommittee – Report by Shannon Gouchie, Chair
11.3 Registration – Report by Serena Shastri-Estrada, Chair
11.4 Inquiries, Complaints & Reports – Report by Julie Entwistle, Chair
11.5 Discipline – Report by Paula Szeto, Chair
11.6 Fitness to Practise – Report by Kurisummoottil S. Joseph, Chair
11.7 Quality Assurance – Report by Laurie Macdonald, Chair
11.8 Patient Relations – Report by Julie Chiba Branson, Chair
The Chair expressed her appreciation to committee Chairs for their excellent work and leadership.

12.0 Other Business
12.1 Council Meeting Evaluation
   The Chair asked members to complete and submit their meeting evaluation forms and encouraged everyone to provide recommendations for future improvements.

13.0 Next Meetings
   • New Council Member Orientation: Wednesday, March 28, 2018, Time TBA, at the College
   • Council Meeting: Thursday, March 29, 2018, 9:00 a.m. – 4:00 p.m. at the College
   • Council Meeting: Tuesday, June 26, 2018, 9:00 a.m. – 3:30 p.m. at the College

14.0 Adjournment
   There being no further business, the meeting was adjourned at 3:35 p.m.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Ernie Lauzon

THAT the meeting be adjourned.

CARRIED
REGISTRAR’S REPORT
Council Meeting of March 29, 2018

Governance Monitoring Report
As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, while there are no policies meant to come to Council in March. The Policy related to Council per diems is on the agenda for review.

Governance Process Policies
Policies of this category that guided decisions during this period:

- GP17 – Elections and Appointments for Professional Members has guided the election process in District 3 and 6 for the 2018 Election, and the acclamation in District 5.

- GP3 – Governing Style – and GP14 - Council completed a comprehensive evaluation of their process and performance at the January meeting which will be discussed this Council meeting. In addition, the three new Council members will have received orientation to their roles on Council.

Registrar Limitation Policies
I am pleased to inform Council that I am not in contravention of any of the Registrar Limitation policies. Policies that guided decision making during this period:

- Investments RL7 – The investment report is on the agenda for Council review.

For Your Information:

Ends priority #1: Confidence in Occupational Therapy Regulation.

- Psychotherapy
  The controlled act of Psychotherapy was proclaimed on December 30, 2017. Part of this proclamation includes a two-year transition time frame to allow unregulated providers to become regulated if needed and organizations to review their practices and staffing to enable their compliance with the legislation. This two-year time is of significance to our College as, we have been asked by the Ministry of Health and Long-Term Care (MOHLTC) to re-circulate the additional regulation needed for occupational therapists to access a controlled act. This was all completed directly after the controlled act was proposed in legislation, but, according to the MOHLTC, there has been so much of a time lag – eight years, that a re-circulation is necessary. In the meantime, occupational therapists can continue to provide psychotherapy as usual, including any services that fall under the controlled act. Now that the controlled act of psychotherapy is proclaimed, occupational therapists are permitted to use the title ‘psychotherapist’ in combination with their OT title, as per the legislation.

In addition to this, the College of Psychotherapists has received a letter from the MOHLTC requiring them to make a regulation "prescribing therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy", as well as developing policies, guidelines and other resources that clearly articulate the activities that Council does not consider to be part of the controlled act of psychotherapy. This work must be concluded by July 1, 2018 (letter included in FYI package).

Our College continues to collaborate with the College of Psychotherapists and other colleges with access to the controlled act of psychotherapy to assist them with this task, as needed.
• **Privacy Legislation**
The College is currently reviewing our documents to provide additional clarification of when certain privacy legislation would apply. Generally, the *Personal Health Information Protection Act, 2004* (PHIPA) applies to most situations experienced by OTs, however, as OT roles evolve, practice environments change, and court decisions emerge, there is a need to understand how to apply other legislation, namely the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

• **Registration:**
  - This year the College’s Annual renewal date will change to May 31 rather than June 1. This change was made effective with the June 2017 bylaw changes. Annual renewal will be launched March 29, 2018.
  - The Registration Program has concluded its work to ensure OTs are compliant with liability insurance requirements. Those registrants who were noncompliant with reporting requirements or who were found to have a lapse in their insurance coverage have been referred to the Investigations and Resolutions Program.
  - The Registration program has completed and submitted their annual Fair Registration Practices Report to the Office of the Fairness Commissioner.
  - The Registration program has completed and submitted their report to the Canadian Institute for Health Information. This organization collects information nationally from all occupational therapy regulatory bodies on the supply and movement of occupational therapists across Canada. Reports can be accessed on their website at [cihi.ca](http://cihi.ca).

• **Investigations and Resolutions Program (I &R):**
The I&R program has now received the referrals from the Registration Program about those registrants who have not been compliant with insurance requirements to maintain their Certificate of Registration.

Registration made 272 referrals of which it is estimated that:
- 24 referrals relate to repeat offenders
- 33 referrals reveal no issue following additional investigation being carried out
- 7 referrals reveal that the OT has failed to respond to College inquiries respecting their insurance
- 208 files reveal a lapse in coverage and/or failure to report updated insurance information within 30 days of change occurring
- 4 OTs were revoked for failing to produce evidence of insurance coverage

One goal of the I&R Program has been to reduce the processing times for Cases. To this end, the chart below outlines the progress made so far. Staffing issues from April to October significantly affected the program’s ability to manage the workload, however, with the vacancy filled and a second I&R associate in place, the number of case files listed for ICRC review as well as the frequency of ICRC meetings will continue at the same rate and pace set in September 2017. This should significantly improve processing times overall.
Efforts to Reduce I&R Case Processing times

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># ICRC Meetings</th>
<th># Cases Reviewed</th>
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<tbody>
<tr>
<td>2015/2016</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>2016/2017</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>2017/2018</td>
<td>6, so far</td>
<td>46</td>
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(Note: I&R staffing/resourcing issues April through October 2017. 5 of these 6 meetings held since September 2017)

- **Updated Risk Assessment Tool**
  - At its last meeting, the Investigations, Complaints, and Reports Committee (ICRC) approved an updated Risk Assessment tool designed to help facilitate the ICRC’s decision-making process and ensure consistency in outcomes.
  - The updates made to the tool, incorporate changes from the Regulated Health Professions Act which allows the ICRC to impose interim suspension orders prior to making a referral to Discipline and allows for the removal of information from Find an Occupational Therapist respecting undertakings issued by the ICRC once the terms of the undertaking are complete.

- **Communications Program:**
  - Social media development continues, with the launch of the College Facebook page on March 14. The College is now on Twitter, LinkedIn, Facebook and YouTube. These channels complement our existing communications and support initiatives to engage and inform registrants and the public.
  - The College is piloting monthly (rather than bi-monthly) enewsletters to OTs. In addition to time-sensitive updates, each issue includes a practice discussion case and a Q & A generated by the practice team. Cases and Q & As have proven to be the most trafficked articles and provide an opportunity to build engagement with OTs and other audiences. Archives of enewsletters, cases and Q & A have been added to the website for quick reference and promotion via social media.
  - Online College Council nominations and elections were successfully conducted in 3 districts.
  - In your FYI package, you will find a promotion that was sent as an eblast by Zoomer on February 26, 2018. 57,720 emails were sent and the open rate was approximately 29% (16, 644 opens). The blast resulted in 4086 clicks through to the Ontario Health Regulators (OHR) site. This is the collaborative website developed by the Federation of Health Regulatory Colleges of Ontario. We have tracked 22 referrals to Find an OT, 7 to Working with an OT, and 4 to Concerns or Complaints About an OT via the OHR website between January 15 and March 7. Additional OHR promos have been included with Zoomer and CARP (Canadian Association of Retired Persons) newsletters.

**Ends Priority #2: Quality Practice by Occupational Therapists**

- **Quality Assurance (QA) Program:**
  - The Quality Assurance Committee (QAC) will be reviewing and approving the 2018 Prescribed Regulatory Education Program (PREP): Professional Boundaries and the Prevention of Sexual Abuse (end of March 2018);
- QAC will be providing some key high-level decisions on the direction of the revised Competency Review and Evaluation (CRE) process; once these decisions have been made College staff will be going out with a Request for Proposals for a consultant to help move the redevelopment of the CRE process forward (end of March 2018);

- Processes have been developed and implemented in preparation for the June 1st launch of the 2018 annual quality assurance requirements (the Self-Assessment (SA) and Professional Development (PD) Plan; note: PREP will be launched later in June);

- A project plan and all related processes have been developed to support staff monitoring of registrant compliance with annual QA requirements, and processes are being developed to support QAC decision-making with the implementation of the new policy to address registrant non-compliance with annual QA requirements;

- A QA communication schedule has been developed for the 2018 registration year;

- A QA project plan has been developed to begin preparing for the 2019 PREP.

• Practice Resource Program:

  - This past quarter (Dec-Feb) the Practice Resource Service received 313 queries. This contrasts with 449 queries in the previous quarter. The number of calls is likely impacted by the holiday season and is typical.

  - In alignment with our strategic objectives, the Practice Resource Service is now posting monthly practice cases and Q & As. The monthly cases are intended to help occupational therapists understand and apply professional standards and ethical reasoning. To date, two cases have been posted: Obtaining consent when the substitute decision maker is not available and client suicidal ideation and privacy. To measure the effectiveness of the case studies, the Communications program added a survey question asking readers to indicate if the case was useful. The feedback from OTs as well as other Colleges has been positive.

  - The Practice Resource Service developed a new practice inquiry tracking log using the SharePoint application. The Practice team is now collecting information that is consistent with other College programs. This will improve efficiency, allow for ease of retrieval and analysis of data and foster collaboration across programs to assist with decision making. This will enable the College to be responsive to evolving practice trends, by developing documents and educational materials in a timely manner.

  - The Practice Resource staff worked with the Practice Issues Subcommittee to develop the documents for the College. There are items in your package for decision at the meeting.

Ends Priority #3: System Impact Through Collaboration

• Ministry of Health and Long-Term Care (MOHLTC)
  The MOHLTC has just released regulations to which they are seeking fast feedback. The College does not have specific feedback to provide the Ministry about these regulations. Colleges who have more experience with sexual abuse cases have some comments related to the definition of a patient. Our College has already passed by laws related to posting the additional information on public registers. Finally, we have no concerns with revocation provisions for the additional criminal offenses. (The full text of the proposals is in your FYI package.)

  - Patient Criteria under Subsection 1(6) of the Health Professions Procedural Code
    The proposed regulation establishes criteria for the purpose of defining who is a patient, in the context of sexual abuse. According to the criteria, an individual can be considered a patient where there is a direct interaction between the individual and the member of the regulated health profession and any of the following conditions are met:
    - The regulated health professional has charged or received payment for a health care service provided to the individual
- The regulated health professional has contributed to a health record or file for the individual
- The individual consented to a health care service recommended by the regulated health professional
- The regulated health professional prescribed a drug that can only be obtained with a prescription, to the individual

- **Specifying additional Information required to be on Public Registers**
The proposed regulation would further expand the information that each health regulatory college is required to post about members of the profession on the college register:
- All criminal findings of guilt in Canada (per the Criminal Code and the Controlled Drug and Substance Act) that have not been overturned on appeal, and where a record suspension has not been issued
- All criminal charges that are in effect in Canada
- Bail conditions and other release conditions related to a charge that are in effect in Canada
- Disciplinary findings by any professional regulatory or licensing authorities in any other jurisdictions
- Licenses and registration held in any other jurisdictions

- **Expanding the list of offenses for which automatic revocation would apply to include more sexual offenses under the criminal code of Canada.**

**Public Appointment Office**
The College has several applications (for re-appointments and new appointments) with the Public Appointments Office which may be impacted by the upcoming election. We have been told that depending on the timing, some appointments can only be made until Dec 2018 at which time they will have to be re-affirmed. Currently, the College is not clear to which appointments this applies. We await official word from the Office.

**Ministry of Transportation**
- Effective July 1, 2018, occupational therapists will have new authority and responsibility, under the Highway Traffic Act, 1990 to report potentially unsafe drivers directly to the Ministry of Transportation.
- In 2015, the Highway Traffic Act, 1990 was amended. The amendments gave the Ministry of Transportation the ability to grant authority for medical reporting to additional health practitioners, to revise the nature of the conditions that must be reported, and to introduce the authority for "discretionary" reports. These amendments are outlined in Section 203 and 204 of the Highway Traffic Act, 1990.
- Kara Ronald and the practice resource team, will be developing resources for OTs to assist them with this process. Due to the time-sensitive nature of the resources needed, interim documents will be presented to Executive Committee for use with OTs until Council can officially review at their meeting in June 2018.

**Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**
- ACOTRO held a board meeting the first week of February, which included a strategic planning process.
  - ACOTRO agreed to revise the Mission, Vision and Strategic Priorities
  - Mission – Working together for public protection by advancing effective regulation of Occupational Therapists in Canada
  - Vision – Courageous Unified Regulatory Leadership
Tagline – Leading, Protecting, Advancing

Strategic Priorities
- Strengthen the organization
- Advance Consistent Regulatory Practices
- Influence Systemic changes.

- ACOTRO has engaged with the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. We are currently seeking funding – a requested budget proposal has been submitted to the Federal Government, Employment and Social Development Canada (ESDC), and is awaiting a response. The group has selected the name “CORECOM” to refer to itself.

- ACOTRO continues to work on an agreement across the country to facilitate cross-jurisdictional registration for occupational therapists who need to follow up with clients across provincial lines. The Atlantic province registrars have had pressure by their governments to devise a process to enable this.

- The Substantial Equivalency Assessment Service (SEAS) has hired additional assessors to provide service in the Western provinces, primarily BC. They embarked on some training that included all assessors for the program in March 2018.

- The province of BC provided funding to train these assessors.

- The SEAS program has reviewed some of their tools after 2 years of operation and made some adjustments. This is part of ongoing quality improvement.

- To note, the average new applicant number is 9 to 10 per month, just about what was predicted.

- A fee increase for applicants was instituted that will begin in May 2018. This was necessary to continue to cover the costs for the program operations. Our college continues to support this program by providing free space for staff.

Ends Priority #4: Effective financial, Organizational and Governance Practices

- 2017-2018 Operational Planning
  The third quarter of the first year of the new strategic plan is complete. A status of operational projects for this year will be presented at the meeting.

- Staffing Update
  - The College said goodbye to Jin Shen, our Director of Finance and Corporate Services in March 2018. Jin has taken a new opportunity at the CNIB leading a large financial project there.
  - While we are reviewing the corporate services staffing, Anne MacPhee has joined the College as the Interim Director of Finance and Corporate Services.

See you at the meeting!
Elinor
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Kara Ronald, Deputy Registrar
Subject: Priority Performance Report – Q3 (December 1, 2017 to February 28, 2018)

Recommendation

THAT Council receives the Priority Performance Report for the third quarter of 2017-2018.

Background

Council is presented with quarterly data in alignment with the 2017-2020 strategic directions outlined in the Ends policies. The data reflects performance for the third quarter (Q3) of the fiscal year, December 1, 2017 to February 28, 2018.

Based on direction provided by Executive Committee on March 7, 2018, the report has been revised to more accurately reflect current priorities, objectives and targets. Changes will be reviewed at Council and include:

- Removal of the ‘Effective Financial, Organizational, and Governance Processes’ priority and associated objectives and indicators as the development of the risk management framework for the organization is ongoing. It is expected that elements of the risk register will be available for Council review in June at which time the priority can be reincorporated for 2018-19 reporting.

- Reassignment of target definitions from TBD (To be determined) to N/A (Not applicable) for indicators where performance targets are not appropriate.

- Revision to the indicator “# of OTs issued education or remediation by the ICRC” to “# of OTs issued education or remediation with required follow-up (SCERP, caution, undertaking)” to better reflect outcomes associated with low-moderate or higher levels of risk

Discussion

Council is invited to ask questions and provide comment on the Priority Performance Report.

Attachment

Strategic Priority Performance Report – Q3 (December 1, 2017 to February 28, 2018)
Vision

The College of Occupational Therapists of Ontario is the regulatory body that protects the public and instills confidence and trust by ensuring that occupational therapists are competent, ethical and accountable.

Mission

Leaders in collaborative quality regulation.

Strategic Framework 2020

Confidence in OT Regulation

Quality Practice by Occupational Therapists

System Impact Through Collaboration

Effective Financial, Organizational and Governance Practices

Core Programs

Registration

Quality Assurance

Practice

Investigations & Resolutions
### Registrant Demographics

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of active registrants</td>
<td>N/A</td>
<td>5769</td>
</tr>
<tr>
<td></td>
<td>% of registrants in clinical practice</td>
<td>N/A</td>
<td>73%</td>
</tr>
<tr>
<td></td>
<td>% of registrants in mixed practice</td>
<td>N/A</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>% of registrants in non-clinical practice</td>
<td>N/A</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>% self-employed registrants</td>
<td>N/A</td>
<td>26%</td>
</tr>
</tbody>
</table>

### Confidence in OT Regulation

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total # of general information queries</td>
<td>N/A</td>
<td>292</td>
</tr>
<tr>
<td></td>
<td>% general information queries from members of the public</td>
<td>N/A</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Total # of Practice Resource Service queries</td>
<td>N/A</td>
<td>322</td>
</tr>
<tr>
<td></td>
<td># of queries to the Practice Resource Service from members of the public</td>
<td>N/A</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Average # of visits to the public register/month</td>
<td>N/A</td>
<td>7547</td>
</tr>
<tr>
<td></td>
<td>Average # of unique visits to the public register/month</td>
<td>N/A</td>
<td>3906</td>
</tr>
<tr>
<td></td>
<td>Total # of coto.org website visits</td>
<td>N/A</td>
<td>21831</td>
</tr>
<tr>
<td></td>
<td>Average # of website users/month</td>
<td>TBD</td>
<td>4652</td>
</tr>
</tbody>
</table>

### Stakeholders' Trust

<table>
<thead>
<tr>
<th>Objective</th>
<th>Targets</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total # of Consultation Submissions</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td># Education Sessions Offered</td>
<td>N/A</td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>Objective</td>
<td>Indicators</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confident in OT Regulation</td>
<td>College decision-making processes are open, transparent, and accountable.</td>
<td># of Registration Committee decisions appealed to HPARB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Registration Committee decisions upheld by HPARB</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of applications reviewed by Registration Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registration Statutory timelines are met</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of ICRC Decisions appealed to HPARB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of ICRC Decisions upheld by HPARB</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of complaints received</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory reports received</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Registrar’s inquiries initiated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICRC 14 day acknowledgement notification timeline met</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICRC 150 day delay notifications sent to registrants and complainants by required date.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QA statutory timelines are met</td>
</tr>
<tr>
<td>Objective</td>
<td>Targets</td>
<td>Outcomes</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Strategic Priority</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapists are accountable for quality, safety, and ethics in practice – <strong>OTs are competent.</strong></td>
<td>Registrait compliance with completion of mandatory QA requirements (Self-Assessment, PD Plan, PREP)</td>
<td>100% N/A 95% 99%</td>
</tr>
<tr>
<td>% of registrants compliance with updating liability insurance information within 30 days of the scheduled expiry date.</td>
<td>100% 90-99% &lt;90%</td>
<td>100% 96.5% 97%</td>
</tr>
<tr>
<td>% of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).</td>
<td>N/A 3 0 4</td>
<td>7</td>
</tr>
<tr>
<td>% of OTs issued a SCERP by QAC</td>
<td>N/A 2 0 0</td>
<td>2</td>
</tr>
<tr>
<td>% of queries to the Practice Resource Service from OTs</td>
<td>N/A 77% 83% 81%</td>
<td>80%</td>
</tr>
<tr>
<td>% of general information queries from OTs</td>
<td>N/A 40% 63% 51%</td>
<td>51%</td>
</tr>
<tr>
<td>Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)</td>
<td>TBD 2202 3638 3820</td>
<td>9660</td>
</tr>
<tr>
<td># of new and returning applicant “Practising Without Authority” cases (per quarter)</td>
<td>0 0-1 1 0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Quality Practice by Occupational Therapists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The College engages OTs to advance quality, ethical practice.</td>
<td>% Practice Resources circulated for stakeholder feedback (standards, guidelines)</td>
<td>100% 100% N/A 100%</td>
</tr>
<tr>
<td>% of Practice Resources circulated for stakeholder feedback (standards, guidelines)</td>
<td>100% 100% N/A 100%</td>
<td>100% 2016/2017 average response rate 9.1%. There were 2 consultations in Q3: 1) Standards for Supervision of Support Personnel; 2) Focused consultation on Provisional Supervision Plan - 18 responses.</td>
</tr>
<tr>
<td>Response Rates to College Consultations</td>
<td>TBD 5% N/A 4%</td>
<td>4%</td>
</tr>
<tr>
<td>Open Rate on College eBlasts</td>
<td>70% &gt;55% 40-54% &lt;40%</td>
<td>63% 70% 48%</td>
</tr>
<tr>
<td>Click through rate on College eBlasts</td>
<td>TBD 20.5% 25% 11%</td>
<td>19%</td>
</tr>
<tr>
<td># of Views of relevant YouTube Videos</td>
<td>N/A 475 775 751</td>
<td>2001</td>
</tr>
<tr>
<td>Professional standards reflect evolving practice.</td>
<td>% of practice standards that are current and comply with the Framework for College Publications.</td>
<td>90-100% 70-89% &lt;69%</td>
</tr>
</tbody>
</table>

Q3 Performance Report 03/21/2018
<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Outcomes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
</tr>
<tr>
<td>System Impact Through Collaboration</td>
<td>The College is recognized as a regulatory leader.</td>
<td># of Presentations delivered to external stakeholders</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of key issues brought to the attention of the public and feedback sought – public input to key decisions.</td>
<td>N/A</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Collaboration with stakeholders supports the College’s effectiveness and influence as a regulator.</td>
<td>% of College management team actively collaborating with external stakeholders on shared initiatives.</td>
<td>90-100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of formal interactions with system partners</td>
<td>N/A</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Collaboration promotes systems alignment to support quality practice by occupational therapists.</td>
<td># of queries received from employers (general information and practice)</td>
<td>N/A</td>
<td>20* only Practice data included</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory reports received from employers (competence, capacity)</td>
<td>N/A</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory privacy breach reports received from health information custodians (HICs)</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
AGENDA ITEM 6.1

COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Executive Committee
Subject: January 2018 (8 months) Financial Report

Recommendation

This Financial Report contains three sections:
- Financial Statement Highlights
- Summary of statutory remittances and filings;
- Financial Statements:
  - Statement of Financial Position as at January 31, 2018;
  - Statement of Operations for the period June 1, 2017 to January 31, 2018;
  - Statement of Reserves for the period June 1, 2017 to January 31, 2018.

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION
(Please refer to the attached Statement of Financial Position as at January 31, 2018)

The Short-term marketable securities balance of $2,776,909 reflects the investment portfolio balance as of the May 31, 2017 audited financial statements. For interim financial reports prepared throughout the year, this balance will not align with the monthly BMO Investment Reports. Standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end only.

Deferred Revenue includes Registration income that cannot be recognized as income until later in the fiscal year. The current balance in deferred revenue of $1,260,523 consists of approximately $315,131 to be recognized each month from February 2018 to May 2018.

HIGHLIGHTS OF STATEMENT OF OPERATIONS
(Please refer to the attached Statement of Operations for January 31, 2018)

The net surplus of revenues over expenses for the 8 months ended January 31, 2018 was $563,357.

The 8 months’ revenues compared to the full year budget is 69.3 percent, consistent with the recognition of Deferred Revenue.

Most expenses are tracking better than budget, due to timing of expenses. Capital Equipment is at 99.4 percent of the full year budget; however, it is a small overall amount so the percentage spend is higher. Expenses were related to computers, furniture and a voice mail system upgrade.
HIGHLIGHTS OF STATEMENT OF RESERVES
(Please refer to the attached Statement of Reserves as January 31, 2018)

In addition to expenses incurred in the regular course of operations, certain expenditures are made against the designated reserves funds in accordance with approved Council Guidelines for Establishing and Maintaining Reserve Funds.

Year to date expenditures are costs for disciplinary hearings drawn from the Hearings Fund.

STATUTORY REMITTANCES AND FILINGS
The College is required to remit various taxes and filings to the government.

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency/Timing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remittance of payroll withholding taxes (CPP, EI, Income Tax)</td>
<td>Bi-weekly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of CPP on Council per diems</td>
<td>Monthly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of Employer Health Tax</td>
<td>Remittance for fiscal year is a set 1.95% of calendar year payroll over $450,000.</td>
<td>Up to date</td>
</tr>
<tr>
<td>Filing of Harmonized Sales Tax return(Quarterly)</td>
<td>Quarterly</td>
<td>Up to date, HST return filed up to November 30 2017.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Next filing due March 2018 for the period December 01 2017 to February 28 2018.</td>
</tr>
<tr>
<td>Filing of T4, T4A returns</td>
<td>Annually based on calendar year. Due last day of February.</td>
<td>Up to date. Next filing, February 2018 for the calendar year ending December 31, 2017.</td>
</tr>
</tbody>
</table>
College of Occupational Therapists of Ontario

STATEMENT OF FINANCIAL POSITION
As at January 31, 2018

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>January 31, 2018</th>
<th>January 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$2,123,035</td>
<td>$1,748,641</td>
</tr>
<tr>
<td>Short-term marketable securities</td>
<td>2,776,909</td>
<td>2,730,703</td>
</tr>
<tr>
<td>Accounts receivable and prepaid expenses</td>
<td>22,283</td>
<td>35,532</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>4,922,226</td>
<td>4,514,876</td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>5,144,105</td>
<td>4,721,291</td>
</tr>
</tbody>
</table>

| LIABILITIES                                 |                  |                  |
| Current Liabilities                         |                  |                  |
| Accounts payable and accrued liabilities    | 272,017          | 215,419          |
| HST payable                                 | (17,498)         | (18,130)         |
| Deferred revenue                            | 1,260,523        | 1,206,864        |
| Total Current Liabilities                   | 1,515,043        | 1,404,153        |
| Deferred lease inducement                   | 19,503           | 22,583           |
| Total Liabilities                           | 1,534,546        | 1,426,736        |

| NET ASSETS                                  |                  |                  |
| Reserve Funds                               | 2,245,578        | 1,875,030        |
| Invested in Fixed Assets                    | 221,879          | 206,415          |
| Unrestricted                                | 578,745          | 713,842          |
| Net income for the period                   | 563,357          | 499,268          |
| Total Net Assets                            | 3,609,559        | 3,294,555        |

| TOTAL LIABILITIES AND NET ASSETS            | $5,144,105        | $4,721,291        |
### College of Occupational Therapists of Ontario

**STATEMENT OF OPERATIONS**

**January 31, 2018**

<table>
<thead>
<tr>
<th></th>
<th>Actual YTD for 8 months ended January</th>
<th>12 month Budget 2017-18</th>
<th>Actual YTD as % of 2017-18 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$2,705,929</td>
<td>$3,936,744</td>
<td>68.7%</td>
</tr>
<tr>
<td>Application Fees</td>
<td>68,880</td>
<td>82,400</td>
<td>83.6%</td>
</tr>
<tr>
<td>Professional Corporation Fees</td>
<td>10,750</td>
<td>13,132</td>
<td>81.9%</td>
</tr>
<tr>
<td>Interest Income</td>
<td>18,728</td>
<td>10,000</td>
<td>187.3%</td>
</tr>
<tr>
<td>Other Income</td>
<td>15,108</td>
<td>25,000</td>
<td>60.4%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>2,819,395</td>
<td>4,067,276</td>
<td>69.3%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>1,442,989</td>
<td>2,353,600</td>
<td>61.3%</td>
</tr>
<tr>
<td>Programs</td>
<td>114,256</td>
<td>335,000</td>
<td>34.1%</td>
</tr>
<tr>
<td>Communications</td>
<td>44,464</td>
<td>130,000</td>
<td>34.2%</td>
</tr>
<tr>
<td>Council</td>
<td>83,055</td>
<td>203,700</td>
<td>40.8%</td>
</tr>
<tr>
<td>Rent</td>
<td>191,150</td>
<td>301,000</td>
<td>63.5%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>85,118</td>
<td>147,656</td>
<td>57.6%</td>
</tr>
<tr>
<td>Other Office Operations</td>
<td>138,842</td>
<td>291,000</td>
<td>47.7%</td>
</tr>
<tr>
<td>Operational Initiatives</td>
<td>88,075</td>
<td>173,000</td>
<td>50.9%</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>39,939</td>
<td>104,000</td>
<td>38.4%</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>28,152</td>
<td>28,320</td>
<td>99.4%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>2,256,038</td>
<td>4,067,276</td>
<td>55.5%</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT)</strong></td>
<td>$563,357</td>
<td>$-</td>
<td></td>
</tr>
</tbody>
</table>

* Target for ytd November is 67% representing 2/3 of total budget for the year

### STATEMENT OF RESERVE FUNDS

**Opening Balance June 1, 2017 (Budgeted)**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Budgeted</th>
<th>Spent to Date</th>
<th>Closing Balance January 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearings Fund</td>
<td>$350,000</td>
<td>$(12,422)</td>
<td>$337,578</td>
</tr>
<tr>
<td>Sexual Abuse Therapy Fund</td>
<td>18,000</td>
<td>-</td>
<td>18,000</td>
</tr>
<tr>
<td>Contingency Fund</td>
<td>1,390,000</td>
<td>-</td>
<td>1,390,000</td>
</tr>
<tr>
<td>Premises Fund</td>
<td>500,000</td>
<td>-</td>
<td>500,000</td>
</tr>
<tr>
<td>Invested in Fixed Assets</td>
<td>221,879</td>
<td>-</td>
<td>221,879</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>578,745</td>
<td>-</td>
<td>578,745</td>
</tr>
<tr>
<td>Surplus (Deficit) for the Period</td>
<td>-</td>
<td>563,357</td>
<td>563,357</td>
</tr>
<tr>
<td><strong>TOTAL RESERVES</strong></td>
<td>$3,058,624</td>
<td>$550,935</td>
<td>$3,609,559</td>
</tr>
</tbody>
</table>
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Executive Committee
Subject: Annual Investment Portfolio as at January 2018

Background
This report summarizes the College’s investment portfolio as at December 31, 2017 and is based on the BMO Nesbitt Burns statement as of that date. There are two categories of investments:

- Short-term investments (which includes cash) and
- Longer term discounted notes (also referred to as “ladder” investments) which were purchased at a discount and will be held for up to ten years in accordance with Governance Policy RL7 – Investments.

<table>
<thead>
<tr>
<th>Description</th>
<th>Market Value ($)</th>
<th>Maturity Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and High Interest Savings</td>
<td>187,400</td>
<td></td>
</tr>
<tr>
<td>Laurentian Bank GIC</td>
<td>109,548</td>
<td></td>
</tr>
<tr>
<td>Home Trust Company GIC</td>
<td>97,500</td>
<td></td>
</tr>
<tr>
<td>Ontario Savings Bond</td>
<td>222,560</td>
<td></td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>147,731</td>
<td></td>
</tr>
<tr>
<td><strong>Total Short-term Investments</strong></td>
<td><strong>764,739</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Long-term (Ladder) Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario Savings Bond</td>
<td>367,376</td>
<td>Jun. 2019</td>
</tr>
<tr>
<td>Canadian Western Bank GIC</td>
<td>100,000</td>
<td>Oct. 2019</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>154,140</td>
<td>Dec. 2019</td>
</tr>
<tr>
<td>Equitable Bank GIC</td>
<td>63,571</td>
<td>Jun. 2020</td>
</tr>
<tr>
<td>Bank of Montreal Mortgage GIC</td>
<td>100,000</td>
<td>Sep. 2020</td>
</tr>
<tr>
<td>CPN Province of BC</td>
<td>139,076</td>
<td>Dec. 2020</td>
</tr>
<tr>
<td>HSBC Bank of CDA GIC</td>
<td>100,000</td>
<td>Feb. 2021</td>
</tr>
<tr>
<td>CPN Province of Nova Scotia</td>
<td>127,551</td>
<td>Dec. 2021</td>
</tr>
<tr>
<td>National Bank of CDA GIC</td>
<td>100,000</td>
<td>Feb. 2022</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>58,592</td>
<td>Jun. 2022</td>
</tr>
<tr>
<td>Canadian Tire Bank GIC</td>
<td>100,000</td>
<td>Jun. 2022</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>152,491</td>
<td>Dec. 2022</td>
</tr>
<tr>
<td>CPN Province of BC</td>
<td>89,728</td>
<td>May 2023</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>109,189</td>
<td>Jun. 2023</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>245,089</td>
<td>Jun. 2025</td>
</tr>
<tr>
<td><strong>Total Long-Term Investments</strong></td>
<td><strong>2,006,803</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Market Value of Investments</strong></td>
<td><strong>$2,771,542</strong></td>
<td></td>
</tr>
</tbody>
</table>
COTO Investment Portfolio – Historical Trends

<table>
<thead>
<tr>
<th></th>
<th>Ladder Investments</th>
<th>Short-term Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 2013</td>
<td>1,213,202</td>
<td>934,607</td>
</tr>
<tr>
<td>Dec. 2014</td>
<td>1,518,932</td>
<td>862,579</td>
</tr>
<tr>
<td>Dec. 2015</td>
<td>1,528,413</td>
<td>1,179,384</td>
</tr>
<tr>
<td>Dec. 2016</td>
<td>1,801,093</td>
<td>945,141</td>
</tr>
<tr>
<td>Dec. 2017</td>
<td>2,006,803</td>
<td>764,739</td>
</tr>
</tbody>
</table>

While the total value of investments has grown year of year, the relative proportion of short-term versus ladder investments will vary as the portfolio is fine-tuned to take advantage of the interest rate environment.
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Executive Committee
Subject: Elections, District 3 and 6

Recommendation
This is for information purposes only.

Purpose
This issue is being brought to you to keep you informed about the elections for Council.

Background
The College had elections this year in district 3 and 6. There was a prior acclamation in district 5. This was the first time that electronic elections were held in these districts.

Process
The elections processes went smoothly and there were no concerns. There were numerous email reminders to encourage voter participation. The nomination and election processes were also promoted on LinkedIn and Twitter.

Discussion

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Voter number</td>
<td>% turnout</td>
</tr>
<tr>
<td>District 3</td>
<td>n/a</td>
<td>163</td>
<td>182</td>
</tr>
<tr>
<td>District 6</td>
<td>27</td>
<td>47</td>
<td>52</td>
</tr>
</tbody>
</table>

Attachment:
Official Poll Results
Poll Result

2018 Council Elections

Report date: Tuesday 06 March 2018 14:01 EST

College of Occupational Therapists of Ontario District 3


Poll ID: 141670
As at Poll close: Tuesday 06 March 2018 14:00 EST
Number of voters: 182 · Group size: 738 · Percentage voted: 24.66
Ranked by votes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Candidate ID</th>
<th>Candidate</th>
<th>Votes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15921837</td>
<td>Teri Shackleton</td>
<td>66</td>
<td>36.26</td>
</tr>
<tr>
<td>2</td>
<td>15921836</td>
<td>Joanne O'Flaherty</td>
<td>43</td>
<td>23.63</td>
</tr>
<tr>
<td>3</td>
<td>15921835</td>
<td>Kathleen Murphy</td>
<td>36</td>
<td>19.78</td>
</tr>
<tr>
<td>4</td>
<td>15921838</td>
<td>Victoria Holmes</td>
<td>28</td>
<td>15.38</td>
</tr>
<tr>
<td>5</td>
<td>15921839</td>
<td>Debbie Taylor</td>
<td>9</td>
<td>4.95</td>
</tr>
</tbody>
</table>

College of Occupational Therapists of Ontario District 6

College of Occupational Therapists of Ontario District 6 (Kenora, Rainy River and Thunder Bay areas) Council Elections

Poll ID: 141671
As at Poll close: Tuesday 06 March 2018 14:00 EST
Number of voters: 52 · Group size: 119 · Percentage voted: 43.70
Ranked by votes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Candidate ID</th>
<th>Candidate</th>
<th>Votes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15921840</td>
<td>Stephanie Schurr</td>
<td>28</td>
<td>53.85</td>
</tr>
<tr>
<td>2</td>
<td>15921841</td>
<td>Laurie Macdonald</td>
<td>24</td>
<td>46.15</td>
</tr>
</tbody>
</table>

https://www.bigpulse.com/pollresults?code=494071WpK3iXtdNbrvrPSpwPG2 03/06/2018
Returning Officer

Signature: [Signature]
Name: [Name]
Date: [Date]

Scrutineers

Signature: [Signature]
Name: [Name]
Date: [Date]

Signature: [Signature]
Name: [Name]
Date: [Date]
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Executive Committee
Subject: Council Policy Review – Per Diems

Recommendation

THAT Council approves the revisions to the following Council documents:

1. Allowable Expenses – Guidelines for Elected Council and Non-Council Members,
2. College Procedures for Honoraria/Expenses by the Ministry of Health and Long-Term Care, For all Order in Council Appointments (Public Members),

Purpose

This issue is being brought to you as the policy is meant to be reviewed yearly. Some processes have changed so there are some administrative updates to be made. In addition, to ensure effective Council operations, Council should have access to up to date policies. A specific review of the policy related to preparation time compensation has been requested.

Background

These policies were last reviewed in January 2016, at which time an increase was recommended for per diems paid to elected and appointed professional members. This was recommended based on a review of other colleges’ rates. A review of this kind was not completed at this time. Concern about the per diem rates has not been raised, however concern has been received about the amount of preparation time that is allowed for committee work.

Other revisions of these documents are related to needed housekeeping amendments.

With respect to the per diem rates, there is currently a restriction of extra preparation time over and above two hours for all committees and Council Meetings except for ICRC, QA, Registration or Hearing Decision writing. These committees may claim over 2 hours of preparation time but should not exceed the scheduled length of the committee meeting. The concerns expressed were that there are occasions where other committees or Council Meetings may have lengthy documents to review and 2 hours does not adequately reflect the time required to prepare for the meeting.

Environmental Scan

A scan was completed of other colleges’ practices related to preparation time. From the scan, there are a variety of ways that other colleges use to recognize time spent reading materials and no consistent approach. Executive discussed some of the practices from other college, and while interesting, did not feel that the issue warranted these types of changes at this time. Many of the other colleges tied their preparation time policy in with other compensation and viewing them in isolation was not reasonable.
Discussion
Executive discussed the situation and reviewed several options. Considerations were discussed related to:

- Fairness;
- Purpose of the per diem for preparation;
- The view of any compensation by the college as an honorarium and not pay per hour at market rate;
- Principle that time should only be claimed if used.

Recommendation
After a discussion and a review of several options, Executive recommends keeping the general allowances the same but allowing some discretion for claiming additional preparation time after discussion with the Chair of the meeting or the President, for Council Meetings, when the materials for the meeting are especially lengthy.

Attachments
1. Allowable Expenses – Guidelines for Elected Council and Non-Council Members
2. College Procedures for Honoraria/Expenses by the Ministry of Health and Long-Term Care, For all Order in Council Appointments (Public Members),
ALLOWABLE EXPENSES

Guidelines for Elected Council and Non-Council Members

An elected or appointed member who incurs allowable expenses while conducting College business will be reimbursed. Every attempt will be made by a member to consider economy and necessity when incurring expenses.

Definition

Allowable Expenses: These include accommodations, meals, gratuities, travel, telephone and internet charges and dependent care.

Claim Procedure

1. The member shall submit allowable expenses on an expense statement provided by the office. Receipts for expenses must be included, with the exception of meals, and travel by car.

2. Claim forms will be reviewed by the Registrar or other signing authority on submission prior to approval. Forms, which are not complete, will be returned to the claimant.

3. Claim forms will be paid according to the accounts payable schedule of the College (around the 15th and 30th of the month), or, where possible, within one week of the Council Meeting. The deadline for submission is 3 days before the 15th of the month.

Travel

Rate: $0.50 / kilometre.

1. Travel includes: Economy airfare within the province, bus, train, by VIA 1, local public transportation, taxi or private automobile. All commercial travel can be booked through a travel agent chosen by the College.

2. In each case, only the cost of the most economical or practical mode of travel may be claimed. Wherever possible, advantage will be taken of advance bookings, "seat sale" fares, or other discounts offered.

3. Costs for parking will be reimbursed with a receipt.

4. Individuals will not be reimbursed for traffic and parking violations.

Accommodations

1. Hotel arrangements can be made through a travel agent chosen by the College at College prescribed hotels (by the individual for committee meetings and by the office for Council meetings) to ensure the best corporate rate available at the chosen meeting location. However, if a more economical method is found, that is acceptable also.

2. Where a member chooses to make arrangements separate from the chosen location, the arrangement will be made by the member either through the travel agent as listed above, or independently.

3. Private accommodation may be used in a location where a member has friends or relatives. A maximum of $35.00 per night may be claimed.

4. No reimbursement shall be made where the member resides within fifty (50) kilometers of the meeting venue, unless the member is required to attend on two or more consecutive days.

5. Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.
6. Internet charges will be reimbursed in the event they are not included in the cost of the accommodations.

Meals
Rate: The daily maximum rate is $70.00, which includes breakfast, lunch and dinner.
1. Meal claims are to be made based on actual expenses incurred, however, receipts are not required.
2. Gratuities may be included in claims where the total cost is within the listed rates.

Telephone and Internet Charges
1. Members will be reimbursed for the cost of additional local and direct dial long distance telephone and internet charges relative to College business.
2. When additional costs are incurred, a copy of the original telephone/internet bill is required.

Dependent Care
Rate: The maximum hourly rate for which the member will be reimbursed is not more than minimum wage, for up to the maximum number of hours scheduled for the meeting plus one hour traveling time. Claims for dependent care expenses should not be submitted unless they are actually incurred.
1. Costs for dependent care will be reimbursed where they are incurred over and above the regularly scheduled provision of care.

Created: May 1994
Revised: January 2016, March 2018
HONORARIA

Guidelines for Elected Council and Non-Council Members

A member who prepares for and attends meetings respecting College business will be paid an honorarium.

Definition

**Per Diem:** A per diem is the amount payable for work periods in excess of three hours. When less than three hours of work is involved, one-half of the per diem rate is paid. Only one per diem payment is payable to a member per calendar day. The per diem base is deemed to be 7.5 hours.

**Travel Time:** When travel time is required as a component of College business it is considered in combination with the per diem and is not to exceed a one-day maximum. When travel time recorded does not exceed a one-day maximum it may be remunerated on a prorated hourly basis. Travel time is paid at a rate not to exceed 60% of the approved per diem. The following schedule applies:

<table>
<thead>
<tr>
<th>Distance and Time Traveled</th>
<th>Maximum Remuneration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 150 kilometers Or up to 1.5 hours</td>
<td>No remuneration</td>
</tr>
<tr>
<td>151 to 250 kilometers Or more than 1.5 hours And up to 2.5 hours</td>
<td>50% of the allowed maximum (i.e. 30% of the per diem)</td>
</tr>
<tr>
<td>Over 250 kilometers Or over 2.5 hours</td>
<td>100% of the allowed max (i.e. 60% of per diem)</td>
</tr>
</tbody>
</table>

**Preparation Time:** Preparation time required beyond two hours per meeting for ICRC, Hearing decision writing, Registration and Quality Assurance Committee is not to exceed the maximum scheduled length of the meeting.

For other committees and Council meetings, preparation time up to a maximum of 2 hours per meeting may be claimed. For an exceptionally large amount of reading, an additional allowance of preparation time will be at the discretion of the Chair.

**Rate**

- Council and committee members $250.00
- Chairperson (of Council or Chair of a Statutory or Standing Committee) $325.00
- Vice-President $275.00

Preparation time is $30 per hour, based on a prorated Council member per diem.

**Procedure**

1. Council members shall submit their honoraria expenses on an Expense Statement form provided by the office.
2. Honoraria may be claimed for attendance at meetings as well as preparation time. Preparation time will be paid in instances where this is of major importance in effectively conducting Council business.
3. The increased per diem amount of Chair or Vice-President is payable only when acting in the capacity of Chair or Vice-President of Council, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Council. Participation in other committees is remunerated at the standard rate of $250.00 per diem.

4. Where a member is requested to participate in a meeting for which that person is entitled to fees and that meeting is canceled without notice of at least 48 hours, the person shall be entitled to request and receive a maximum half day honoraria.

5. Where a meeting, including conference calls, is less than 1.5 hours in length, the half day per diem charged will include any preparation time completed for that meeting. Where a meeting is over a 1.5-hour period preparation time may be billed in addition to the per diem.

6. Per diem rates will be reviewed annually.

Created: May 1994,
Revised: January 2016
COLLEGE PROCEDURES FOR HONORARIA/EXPENSES BY THE MINISTRY OF HEALTH AND LONG-TERM CARE

For all Order in Council Appointments (Public Members)

All appointed public members of Council will be paid honoraria and expenses by the Ministry of Health and Long-Term Care (MOHLTC).

Procedure

1. Completed internet forms and receipts will be submitted directly to the Director of Finance & Corporate Services for verification, approved by the Registrar, and then forwarded to the Management Board Secretariat for payment.

2. To expedite processing of payment at the Ministry, every attempt will be made by the College to process submitted forms within one week of receipt.

3. T4A paperwork Information for income tax reporting will be provided by the Ministry of Health and Long-Term Care.

Created: February 1997
Revised: January 2016, March 2018
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Values Task Force
Subject: College Values Statements

Recommendation
THAT Council approves the revised College Values Statements

Purpose
This issue is being brought to you for final approval. After approval, the values statements and accompanying commitments will be public.

Background
This project to review and revise the values of the College was started in June 2018, the first year of the College's new strategic plan. When the strategic plan was devised it was identified that the values of the College had not been reviewed or revised for several years. The environment in which the College operates has changed quite a bit since the values were last revised and a discussion at Executive confirmed that the values should be reviewed.

Several actions were taken to inform the work the College was to undertake. First, an environmental scan was conducted to review values from other regulatory organizations across Ontario, Canada and internationally. Secondly, surveys were sent to Council members and College staff. Thirdly, background information was gleaned from a survey conducted with registrants for strategic planning. In addition, a focus group with the Citizen's Advisory Committee was conducted to gain insights from the public and clients of occupational therapists. All this information was synthesized and presented to Council at their meeting in January 2018.

At the January 2018 Council meeting, Council engaged with consultant, Carolyn Everson, to review the results of all the information gathered and to determine Council’s direction related to the values of the College. Council was presented with a chart of ideas that had been generated by feedback collected thus far. Each Council member articulated their own thoughts and feedback, which was recorded.

Discussion
A working group was struck by Council charged with furthering the work completed at the Council meeting. This group met on March 9, 2018 to develop a draft. It was decided that the format should include both the articulation of core values, and then a statement of the College’s commitment to action. These values and commitments were developed and later reviewed by email and are presented for Council’s review. The College Values Working Group worked diligently and had serious debate and consideration of all the issues raised at the Council meeting to determine the final document for presentation at Council.
The Values and Commitments are presented along side the College’s Mission and Vision to complete the entire framework. They all work in concert to communicate to the public, the purpose of the College. While working through the wordsmithing part, the group decided that, while the ideas in the Mission were vitally important, repeating them again in the values was redundant. Therefore, the final document is careful not to repeat the ideas presented in the Mission, again in the Vision.

In the section Partnering for Quality, there was some debate about the statement “We work Together...” Being more specific about exactly who we are working with here was felt to be troublesome, as while we can’t guarantee that we will work with everyone possible, we do want to work in the spirit of collaboration appropriately. Leaving this a bit generic was thought to accomplish this without a guarantee that we cannot meet.

Finally, while the document is presented, with the Mission, Vision and Values together, only the Values and Commitments are on the table for approval at this meeting. The Mission and Vision are the result of a lengthy and collaborative process related to strategic planning and have already been approved by Council. If there is concern about these statements, a new process to review those should be started in the future.

**Recommendation**

The College Values Working Group recommends that Council approves the revised Values and the addition of the Commitment statements.

**Attachments**

College Mission, Vision and Values
MISSION

The College of Occupational Therapists of Ontario is the regulatory body that protects the public and instills confidence and trust by ensuring occupational therapists are competent, ethical and accountable.

VISION

Leaders in collaborative quality regulation

VALUES AND COMMITMENTS

Partnering for quality
We work together to ensure quality occupational therapy services across the province.

Maintaining trust and confidence
We are fair, open and responsive. We are proactive. We hold ourselves accountable for our decisions and actions.

Treating everyone with dignity and respect
We listen. We consider the uniqueness of each situation. We respond to concerns respectfully and sensitively.
AGENDA ITEM 8.1

COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Executive Committee
Subject: Controlled Act Regulation

Recommendation

THAT Council approves the proposed controlled act of Psychotherapy regulation for circulation to registrants and other stakeholders.

Background

In 2007, the Government passed the Health System Improvement Act (Bill 171) that amended the Regulated Health Professions Act, 1991 (RHPA) and introduced the controlled act of Psychotherapy. Controlled acts set out restrictions, sanctions, or limit actions considered harmful or protected. These risky activities are only to be practised by health professions that have legislative access to them.

This controlled act of psychotherapy was not proclaimed into law until December 30, 2017.

The controlled act to which the occupational therapists have access to is described as; treating by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning.

Discussion

The College is required to “make regulations governing the performance of the procedure provided for in subsection 3.1 (1) (the Controlled Act of Psychotherapy) and prescribing the purposes for which, or the circumstances in which, the procedure may be performed.” The College submitted a regulation to the Ministry of Health and Long-Term Care in 2009 after the controlled act was proposed in legislation. However, due to the time lag, the Ministry has asked the College to re-circulate this regulation which should be in force before occupational therapists can access the controlled act of psychotherapy. In the meantime, occupational therapists can continue to provide psychotherapy services as usual including any service that falls under the controlled act until the end of the two-year transition period that was given to allow unregulated providers to become regulated if they want to practice the controlled act.

The highlights of the regulation include

- that occupational therapists will provide the controlled act within the occupational therapy scope of practice
- that an occupational therapist will not delegate the performance of the controlled act.

These and other provisions under this regulation are outlined in Appendix 1. Council members are being asked to consider the Controlled Act Regulation before approving it for re-circulation. This wording has not changed significantly since the circulation that occurred in 2009.
Legal counsel has re-reviewed the wording and has no recommendations for changes.

The College is required to consult with registrants and stakeholders about proposed new regulations or amendments to existing ones. If Council approves them, the regulation will be circulated for 60 days to Registrants and other stakeholders.

**Attachments**
Clause by Clause Draft  Controlled Act Regulation
### Draft Controlled Act Regulation & Rationale

<table>
<thead>
<tr>
<th>Proposed Regulation</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An occupational therapist may perform the controlled act authorized by subsection 3.1(1) of the Act in accordance with the following requirements:</td>
<td>Subsection 3.1(2) of the Occupational Therapy Act, 1991 permits occupational therapists to perform the new controlled act of psychotherapy so long as they do so in accordance with the provisions of this proposed regulation. This proposed regulation sets out the professional expectations for any occupational therapist who performs the controlled act. Failure to comply with the regulation constitutes professional misconduct under subsection 3.1(3) of the Occupational Therapy Act, 1991.</td>
</tr>
<tr>
<td>A. The occupational therapist provides the controlled act within the occupational therapy scope of practice.</td>
<td>Occupational therapists cannot provide psychotherapy for purposes outside of the practice of occupational therapy.</td>
</tr>
<tr>
<td>B. The occupational therapist has the knowledge, skill and judgment to perform the controlled act safely, effectively and ethically.</td>
<td>Part of being a professional is knowing the limits of one’s personal competence. Occupational therapists providing psychotherapy must be able to demonstrate they are competent to do so. Competence can be demonstrated by professional training, post-graduate training, mentoring or experience, or a combination thereof. This provision provides an objective test. If a complaint is made or a quality assurance assessment is conducted, the relevant Committee can evaluate whether the occupational therapist was, in all of the circumstances, competent to provide the service.</td>
</tr>
<tr>
<td>Proposed Regulation</td>
<td>Rationale</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C. The occupational therapist has the knowledge, skill and judgement to determine</td>
<td>A precondition to providing psychotherapy is the ability to assess the client’s condition to determine its nature and whether the client will</td>
</tr>
<tr>
<td>whether the individual’s condition warrants performance of the controlled act.</td>
<td>benefit from the treatment.</td>
</tr>
<tr>
<td>D. The occupational therapist determines that the individual’s condition warrants</td>
<td>This provision provides examples of considerations when making judgements about performing the controlled act. These considerations are also</td>
</tr>
<tr>
<td>performance of the controlled act, having considered,</td>
<td>relevant to the informed consent process.</td>
</tr>
<tr>
<td>i. the known risks and benefits to the individual of performing the controlled</td>
<td></td>
</tr>
<tr>
<td>act,</td>
<td></td>
</tr>
<tr>
<td>ii. the predictability of the outcome of performing the controlled act,</td>
<td></td>
</tr>
<tr>
<td>iii. the safeguards and resources available in the circumstances to safely</td>
<td></td>
</tr>
<tr>
<td>manage the outcome of performing the controlled act, and</td>
<td></td>
</tr>
<tr>
<td>iv. other relevant factors specific to the situation.</td>
<td></td>
</tr>
<tr>
<td>E. The occupational therapist accepts accountability for determining that the</td>
<td>It is acceptable for occupational therapists to consider information provided by others on the client’s health care team about the client’s</td>
</tr>
<tr>
<td>individual’s condition warrants performance of the controlled act.</td>
<td>condition. However, where an occupational therapist chooses to provide psychotherapy services, he or she has to assume professional responsibility</td>
</tr>
<tr>
<td></td>
<td>for its performance. It is unacceptable for the occupational therapist to rely solely on the views of others for initiating this controlled act.</td>
</tr>
<tr>
<td>F. An occupational therapist shall not delegate the performance of the controlled</td>
<td>Psychotherapy, by its nature, requires the ongoing exercise of professional judgement. It is not suitable for an occupational therapist to delegate the</td>
</tr>
<tr>
<td>act authorized by subsection 3.1(1) of the Act.</td>
<td>performance of this controlled act to others.</td>
</tr>
</tbody>
</table>
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Patient Relations Committee
Subject: Standards for the Prevention of Sexual Abuse

Recommendation

THAT Council approve the revised Standards for the Prevention of Sexual Abuse for stakeholder consultation.

Background

The passing of the Protecting Patients Act, 2017 in May 2017 resulted in significant changes to the Regulated Health Professions Act, 1991. One of the changes requiring the attention of the Patient Relations Committee was the introduction of the definition of patient for the purpose of sexual abuse of a patient by a regulated health professional. This definition has not yet been proclaimed but was identified as a priority for the Ministry of Health and Long-Term Care for the development of regulations to enable proclamation.

The Health Professions Procedural Code, Section 1(6) defines patient, for the purpose of sexual abuse (once proclaimed), as:

a) an individual who was a member’s patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member’s patient, and

b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the Regulated Health Professions Act, 1991; (“patient”)

The Minister of Health and Long-Term Care has proposed a new regulation describing the following criteria for when an individual is determined to be a patient:

1. The following criteria are prescribed criteria for the purposes of determining whether an individual is a patient of a member for the purposes of subsection 1(6) of the Health Professions Procedural Code in Schedule 2 to the Act:

   1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:

      i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.

      ii. The member has contributed to a health record or file for the individual.

      iii. The individual has consented to the health care service recommended by the member.

      iv. The member prescribed a drug for which a prescription is needed to the individual.

   2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:
i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.

ii. The individual received a health care service from the member in an emergency situation.

iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

**Please note this proposed regulation is open for consultation until March 22, 2018 and may be subject to change.**

In anticipation of the proclamation of legislation and regulations, the Patient Relations Committee undertook two key initiatives:

1. Review of the definition of a patient in the context of occupational therapy to inform the College’s position, to provide input to Ministry directions, if possible, and to be prepared to respond to proposed regulations.
2. Review of the Standards for the Prevention of Sexual Abuse to ensure alignment of the Standards with the forthcoming legislation and the current expectations for health care regulation.

The Patient Relations Committee gave significant thought to the definition of patient, considering the scope and nature of practice of the profession, the values and principles of occupational therapy, the settings in which OTs practice and the indicators that would demonstrate evidence that a client-therapist relationship exists or existed and ended. The definition of patient was shared with the Citizen Advisory Group to better understand how members of the public interpret the client-therapist relationship. The principles identified during the process of defining patient, were applied in the review of the Standards for Sexual Abuse.

The Standards for the Prevention of Sexual Abuse were originally issued in 2013. In reviewing the Standards, the Patient Relations Committee considered the current social climate including reports of sexual abuse in the media; the direction of the Ministry of Health and Long-Term Care in response to the findings of the Sexual Abuse Task Force; outcomes of the Quality Assurance Competency Review and Evaluation Process, ICRC and Discipline Committee trends, relevant question received through the Practice Resource Service and practice standards of other professions.

**Results of the Standards Review**

Based on this review, the Patient Relations Committee directed staff to proceed with revisions to the Standards for the Prevention of Sexual Abuse.

<table>
<thead>
<tr>
<th>Review</th>
<th>Revision</th>
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<tr>
<td>❑ Document stays the same, no revisions required.</td>
<td>❑ Minor revisions updates needed.</td>
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<tr>
<td>❑ Typos, corrections needed.</td>
<td>❑ Significant revisions - no implications for policy</td>
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<tr>
<td>❑ Revision – possible implications for policy.</td>
<td>❑ Significant re-drafting, changes to policy content</td>
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Key changes to the Standards for the Prevention of Sexual Abuse include:

- Reference to the College’s position of zero tolerance to sexual abuse at the outset of the document to emphasize the seriousness of this issue.
- Addition of the definition of patient, for the purpose of sexual abuse, as defined in the new legislation and regulation. Should the regulations change prior to proclamation, all revisions will be reflected in these Standards.
- Removal of the reference to relationships with “someone with whom the client has a significant personal relationship” such as parent or substitute decision maker as sexual relations with significant others would not constitute sexual abuse under the proposed regulations. These relationships are addressed within the Standards for Professional Boundaries.
- Change to the College’s previous time requirement for OTs regarding engaging in a relationship with a former client from “generally two years” to one year in alignment with the Protecting Patients Act legislation.
- Addition of a standard for mandatory reporting of sexual abuse.
- Addition of a standard related to the treatment of spouses.
- Removal of content related to the responsibilities of the College and Committees regarding sexual abuse.
- Removal of references to funding for therapy and counselling and liability insurance as this addressed through other College processes.
- Removal of the Practice Examples section consistent with other recently revised Standards.

The Patient Relations Committee reviewed the revised Standards for the Prevention of Sexual Abuse on February 22, 2018 and recommended the referral of the Standards to Council for approval.

Discussion
Although the regulation as discussed earlier, is pending, and the legislation is awaiting proclamation, these Standards are being brought forward to Council proactively in anticipation that the regulation and legislation will come into force in April 2018. Council review of the document at this time will support compliance with and the timely implementation of the legislative changes. Any changes to the proposed regulation will be reflected in the Standards and the Standards will not be circulated until the legislation is proclaimed.

It is recommended that due to the significant nature of changes to the Standards, Council consider circulation of the Standards for stakeholder consultation.

Decisions for Council
Approval of the revised Standards for the Prevention of Sexual Abuse.

Attachments
Revised Standards for the Prevention of Sexual Abuse
Standards for the Prevention of Sexual Abuse, 2013*

*Please refer to the website to view the current Standards https://www.coto.org/resources/standards-for-the-prevention-of-sexual-abuse
Introduction

Sexual relations between an occupational therapist (OT) and client are always unethical and abusive, are considered a serious breach of trust, and involve a fundamental abuse of power.

The College of Occupational Therapists of Ontario has adopted a position of zero tolerance toward all forms of sexual abuse within the client-therapist relationship. The client-therapist relationship is based on mutual trust, respect, professional boundaries, and clear communication. Any act of sexual abuse is a misuse of power and a betrayal of the client-therapist relationship. Accordingly, the College will hold all OTs accountable for their behaviour with clients at all times. Any form of sexual abuse of the client under any circumstances is unacceptable and will not be tolerated.

As set out in the Regulated Health Professions Act, 1991 (RHPA), it is considered sexual abuse and against the law for occupational therapists to have sexual relations with clients.

What is sexual abuse?

Sexual abuse of a client by a registrant is defined in the RHPA (Health Professions Procedural Code, Section 1(3)) as:

- Sexual intercourse or other forms of physical sexual relations between the registrant and the client;
- Touching, of a sexual nature, of the patient by the registrant; or
- Behaviour or remarks of a sexual nature by the registrant towards the client.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the services provided.

Who is the client?

The College uses the term “client” to refer to individuals who receive occupational therapy services from an OT. Client is used to reflect the client-centred principles of the profession. Under the RHPA, the term “patient” is used to refer to the recipient of health care service provided by a regulated health professional. For the purpose of these Standards the terms “client” and “patient” have the same meaning.

Under the RHPA (Health Professions Procedural Code, Section 1(6)), for the purpose of sexual abuse, a “patient” is defined as:

a) an individual who was a member’s patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member’s patient, and
b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the Regulated Health Professions Act, 1991; (“patient”).
Standards for the Prevention of Sexual Abuse

Patient is further defined under Ontario Regulation XX/XX (pending approval) as follows:

1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:
   i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.
   ii. The member has contributed to a health record or file for the individual.
   iii. The individual has consented to the health care service recommended by the member.
   iv. The member prescribed a drug for which a prescription is needed to the individual.

2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:
   i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.
   ii. The individual received a health care service from the member in an emergency situation.
   iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

OTs like all health practitioners, are in a unique relationship of trust and authority with their clients. The client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the OT. The client is relying on the OT’s clinical judgement and experience to address health-related issues, the OT knows the client’s personal information and has the ability to influence the client’s access to other resources and services. The impact of OT power and influence can be broad as the OT operates within a system where client information provided by an OT, in the form of documentation, for example, has the potential to influence the perceptions of other service providers. If an OT uses this position of authority to violate boundaries, this is an abuse of power. OTs are responsible for setting and managing boundaries to ensure that the trust a client has placed in the OT is not betrayed.

OTs are fully responsible for managing and maintaining professional boundaries with clients. A client’s consent or willingness to participate in a relationship or sexual activity will not be accepted as a defense for inappropriate behavior or sexual abuse.

The Standards for the Prevention of Sexual Abuse describe expectations of conduct for occupational therapists in the client-therapist relationship specifically related to the prevention of sexual abuse.

The values and principles outlined in the College’s Code of Ethics provide a framework for the expectations of the relationships between an occupational therapist and their clients. Occupational therapists (OTs) can look to these values and principles in their efforts to promote appropriate professional relationships and prevent sexual abuse. OTs must also refer to the Standards for Professional Boundaries which outline additional expectations for the preservation of appropriate
standards for the prevention of sexual abuse

boundaries between the OT and the client in all circumstances.

The College will formally investigate all sexual abuse complaints or reports made against an OT. When warranted, appropriate disciplinary action will be taken against the OT pursuant to the legislation and standards of the profession.

application of the standards for the prevention of sexual abuse

The following standards describe the minimum expectation for OTs in the prevention of sexual abuse.

- The performance indicators listed below each standard describe more specific behaviours that demonstrate the standard has been met.
- It is not expected that all performance indicators will be evident all the time, but could be demonstrated if requested.
- There may be some situations where the OT determines that a particular performance indicator has less relevance due to client factors and/or environmental factors. Such situations may call for the OT to seek further clarification.
- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.
- It is also expected that OTs will be able to provide justification for any variations from the standard.

Pursuant to the Regulated Health Professions Act, 1991 (RHPA), the College is authorized to make regulations in relation to professional practice. Ontario Regulation 95/07: Professional Misconduct, establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession,” constitutes ground for professional misconduct.

College publications contain practice parameters and standards which should be considered by all Ontario OTs in the care of their clients and in the practice of the profession. College standards are developed in consultation with OTs and describe current professional expectations. College standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Overview of the Standards for the Prevention of Sexual Abuse

1. Establishing and Maintaining Professional Boundaries
2. Consent for Touching
3. Respecting Privacy & Dignity
4. No Treatment of Spouses
5. Mandatory Reporting
6. Consequences of Sexual Abuse – Mandatory revocation
Standard 1 – Establishing and Maintaining Professional Boundaries

This standard describes the requirement for OTs to maintain professional boundaries with their clients for the purpose of preventing sexual abuse. In this context, the occurrence of sexual abuse is limited to the direct relationship between the OT and the client. However, OTs must ensure they maintain professional boundaries not only with the client but also with individuals with whom the client has a significant personal relationship such as a substitute decision-maker or parent. Expectations regarding OTs responsibilities for managing these relationships are outlined in the Standards for Professional Boundaries.

Standard 1

An OT will take full responsibility to establish and maintain professional boundaries with clients at all times.

Performance Indicators

An OT will:

1. Never engage in sexual relations or enter into a sexual relationship with a client;

2. Not engage in sexual relations or enter into a sexual relationship with a former client, unless:
   • at least one year has elapsed since the client was discharged from occupational therapy services, and
   • the imbalance of power inherent in the therapeutic relationship between the occupational therapist and the client no longer exists, and
   • the client is no longer dependent on the occupational therapist.

3. Never engage in sexual relations or a sexual relationship with a former client in any of the following circumstances where:
   • the client is especially vulnerable; or
   • the nature of the client-therapist relationship involved intensive interventions such as psychotherapy; or
   • the client has ongoing needs related to the occupational therapy services provided; or
   • there is a likelihood the client will have future needs related to the occupational therapy services provided.
4. Understand the power imbalance that exists in favour of the OT in all client-therapist relationships;

5. Identify the potential risks within their practice in relation to professional relationships and implement strategies for the management of professional boundaries;

6. Recognize their own personal beliefs, values, biases and their position of influence with clients;

7. Identify the scope of relationships with clients and avoid exploiting these relationships for personal gain or advantage.

**Standard 2 – Consent for Touching**

**Standard 2**

An occupational therapist will obtain informed consent prior to initiating an intervention with the client that involves touching, behaviour or remarks of a clinical nature that may be misinterpreted to be of a sexual nature.

**Performance Indicators**

An occupational therapist will:

1. Obtain informed consent including an explanation of the clinical nature and purpose of touching the client prior to proceeding;

2. Document the discussion of obtaining informed consent.

3. Never rely on a client’s consent or willingness to participate in sexual relations as a defense for inappropriate behavior or sexual abuse.

**Standard 3 – Respecting Privacy & Dignity**

**Standard 3**

An occupational therapist will respect the privacy and dignity of the client at all times.
Performance Indicators

An occupational therapist will:

1. Ensure appropriate draping and use of robes with clients at all times;

2. Provide options or alternatives for potentially sensitive situations (e.g., third person observer, etc.);

3. Use an appreciation and understanding of cultural diversity to address the potential impact of factors such as culture, religion, race, ethnicity, language on maintaining professional boundaries and preventing sexual abuse;

4. Never make remarks of a sexual nature with clients.

Standard 4 – No Treatment of Spouses

Under the RHPA, spouses are not exempt from the definition of patient and therefore an OT is not permitted to treat their spouse as this would be considered sexual abuse.

Spouse is defined as:
   a) a person who is the member’s spouse as defined in section 1 of the Family Law Act, or
   b) a person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years.

Standard 4

An occupational therapist will not treat their spouse except in the case of an emergency.

Standard 5 - Mandatory Reports

Under the RHPA, a mandatory report must be made by a regulated health professional who, in the course of practising his or her profession, acquires information giving reasonable grounds to believe that another regulated health professional sexually abused a patient. A mandatory report must also be made by the operator of the health facility. The report must be made in writing to the alleged abuser’s college within thirty days after the obligation to report arises, unless the person who is required to file the report has reasonable grounds to believe that the health professional will continue to
Standards for the Prevention of Sexual Abuse

abuse the client or will abuse other clients. In that case, the report must be filed immediately. OTs are subject to a fine of not more than $50,000 for failing to make this mandatory report. Facilities who fail to report are subject to a fine of not more than $50,000 in the case of an individual and $200,000 in the case of a corporation.

If the College finds that an OT failed to make a report under the mandatory reporting requirements of the RHPA, the College may find the registrant to have engaged in an act of professional misconduct.

**Standard 5**

*An occupational therapist will make a mandatory report if they have reason to believe that another regulated health professional sexually abused a client.*

**Performance Indicators**

An occupational therapist will:

1. Make a written report to the college of the regulated health professional believed to have sexually abused a client within 30 days of becoming aware of the information, or, immediately, if the OT believes the abuser will continue to abuse the client or other clients;

2. Provide information to the client about the obligation for a mandatory report if the OT becomes aware of the possible sexual abuse through a disclosure made by a client;

3. Obtain the client’s written consent to disclose the client’s name to the regulator, if the OT became aware of the alleged sexual abuse from the client;

2. **OR**

Withhold the name of the client from the mandatory report if consent for disclosure is not obtained from the client;

3. If becoming aware of the possible abuse while providing psychotherapy to an abusing practitioner, provide an opinion concerning whether or not the abusing practitioner may sexually abuse clients in the future and also report if the OT ceases to provide psychotherapy to the abusing practitioner.
Consequences Related to Sexual Abuse of a Client

A discipline hearing is the most serious proceeding that a regulated health professional can face and carries with it the risk of loss of registration. Section 51(5) of the RHPA sets out the penalties for an OT who has been found guilty of committing an act of professional misconduct by sexually abusing a client. A panel of the College’s Discipline Committee must:

1. Reprimand the OT. A record of the reprimand is to be placed on the Register and be made available to the public; and/or
2. Suspend the OT’s certificate of registration if the sexual abuse does not consist of or include conduct that would result in revocation of the OT’s certificate of registration; or
3. Revoke the OT’s certificate of registration if the sexual abuse consisted of, or included, any of the following:
   i. Sexual intercourse.
   ii. Genital to genital, genital to anal, oral to genital or oral to anal contact.
   iii. Masturbation of the member by, or in the presence of, the patient.
   iv. Masturbation of the patient by the member.
   v. Encouraging the patient to masturbate in the presence of the member.
   vi. Touching of a sexual nature of the patient’s genitals, anus, breasts or buttocks.
   vii. Other conduct of a sexual nature prescribed in regulations.

Depending on the seriousness of the substantiated allegation, a panel of the Discipline Committee can choose, in addition to the above penalties, to:

1. Revoke the OT’s certificate of registration;
2. Suspend the OT’s certificate of registration;
3. Impose specified terms, conditions and limitations on the OT’s certificate of registration;
4. Reprimand the OT;
5. Require the OT to pay a fine of not more than $35,000 to the Minister of Finance of Ontario; and
6. Require the OT to pay all or part of the College’s legal costs and expenses, the College’s costs and expenses incurred in investigating the matter, and the College’s costs and expenses in conducting the hearing.

An application for re-instatement by a person whose certificate of registration has been revoked for sexual abuse of a client shall not be made earlier than five years from the revocation.
AGENDA ITEM 8.4

COUNCIL BRIEFING NOTE

Date:       March 29, 2018
To:         Council
From:       Executive Committee
Subject:    Revised Standards for the Supervision of Occupational Therapist Assistants

Recommendation

THAT Council approve the revised Standards for the Supervision of Occupational Therapist Assistants.

Background

The Standards for the Supervision of Support Personnel were originally issued in 2011. An internal review of the practice resource data revealed that from 2014-2017 approximately 89 questions to the practice resource service were related to the supervision of support personnel.

In July 2016, the practice resource service received several inquiries pertaining to the supervision of support personnel. The nature of the questions pertained to the expectations about the level of detail required for the assignment of tasks to support personnel, the accountability related to the assigning occupational therapy tasks to support personnel, and supervising support personnel when a transfer of care occurs. The questions coincided with the release of the College of Physiotherapists of Ontario’s revised Working with Physiotherapist Assistants Standard.

In keeping with the College document review framework, the Standards for the Supervision of Support Personnel were scheduled for review. Practice Issues Subcommittee (Subcommittee) identified the revision of this standard as a priority for the work plan in 2017.

In October 2017, Council approved the circulation of the revised Standards for the Supervision of Support Personnel for stakeholder feedback. During this meeting, Council was presented with data about the COTO website search terms for support personnel. The following were the most common search terms used from August 1, 2016 – October 4, 2017: OTA – 61; assistant – 23; support personnel – 22; occupational therapy assistant – 11. Based on this data, it was determined that the consultation should include a question asking about the preferred term to be used to refer to individuals who are assigned occupational therapy service components by an OT to ensure the currency of the standards.

Summary of Stakeholder Consultation Results

The survey was administered over a 4-week period. The College received 94 responses to the consultation, including one written response from the College of Physiotherapists of Ontario. In response to the survey the College of PT provided feedback with a goal to improve consistency across both regulatory Colleges. Below is a summary of the comments provided by the College of PT:

- Formatting the Standard for easier access on electronic devices;
• Changing the name from the Standards for the Supervision of Support Personnel to the Standards for the Supervision of Occupational Therapist Assistants to reflect common language used in practice;
• Including the name and job title for assistants on invoices to identify who provided care to improve financial transparency;
• Identifying that the alternate supervisor must be an OT to ensure the assistants are supervised at a level that is appropriate;
• Compiling all expectations for the Standard under one document to reduce cross referencing requirements.

General Survey Results

Demographics
• 52% of respondents worked in a hospital setting, 20% in a rehabilitation setting, 28% from various other practice settings;
• Respondents’ nature of practice was 71% clinical, 18% mixed practice, 11% non-clinical;
• 37% of respondents had greater than 20 years of practice experience, 28% between 11-20 years and 23% between 6-10 years of experience;
• 78% of the respondents reported they currently supervise support personnel.

Overall Impressions

In response to the survey questions:
• 61% of respondents preferred to refer to the individual who will be assigned components of occupational therapy service as occupational therapist assistant; 14% rehab assistant, 14% rehab support personnel or rehab therapist, 7% occupational therapist support personnel, 4% support personnel
• 93% of respondents indicated that the language used in the standards was clear
• 92% of respondents noted that the standards clearly described what an OT is expected to do when supervising support personnel
• 85% of the respondents indicated that they could apply the standards to their practice and that the standards reflected current practice. Some of the comments included:
  o “This may be challenging to apply in the community setting or auto sector”
  o Screening of referrals for OT services are not limited to OTs alone
  o Collection of rote data is open to interpretation
  o Vague terminology – regularly, sufficiently,
  o Standard is too long
  o Consider changing the title of the Standard to reflect the commonly used term occupational therapist assistant
  o Clarify if the alternate supervisor should be an occupational therapist or can be another health care professional

Comments on Individual Standards
• Generally speaking, the respondents were in agreement that they understood each standard with ratings ranging from 93%-100% - the standard on accountability scored the lowest.
• All survey comments were reviewed and the following themes requiring additional attention emerged:
Clarification of language to facilitate understanding of the terms “regularly, sufficiently”

Need to specify the expectations of the communication and supervision plan to facilitate communication with the support personnel in the absence of the primary OT

Clarification of the language related to the accountability of OTs supervising support personnel (i.e. determining the support personnel competence, and clarify what cannot be assigned)

Incorporation of Feedback into the Standards

Where possible all areas of feedback were addressed in the revised standard as follows:

- The title of the Standards was changed to Standards for the Supervision of Occupational Therapist Assistants to reflect the commonly used term for the role of the individual receiving assignment from the occupational therapist;
- Language was clarified or reworded to remove terminology that was open to interpretation;
- Language was changed to clarify the expectations of the OT in ensuring that the hiring organization is aware of the requisite competencies required to carry out the occupational therapy service components to address limitations in roles where OTs are not involved in hiring assistants or overall workplace performance management;
- Amendments were made to the activities that cannot be assigned to an occupational therapist assistant (OTA) in response to feedback. Performance indicator 1.3 was amended to remove the prohibition of screening of referrals/interpretation for the need for occupational therapy services as it is not indicative of current practice;
- Additional information was included under the communication and supervision standard to clarify the expectations for supervising assistants in the absence of the primary OT;
- Minor changes were made to the decision tree to illustrate the action required if there is a NO response.

Discussion

Council is asked to review the revised Standards for the Supervision of Occupational Therapist Assistants and provide comment on any additional revisions required.

Attachments

1. Revised Standards for the Supervision of Occupational Therapist Assistants
Standards for the Supervision of Occupational Therapist Assistants
Introduction

Occupational therapists (OTs) routinely include occupational therapist assistants in their delivery of occupational therapy services to optimize service delivery. The purpose of the Standards for the Supervision of Occupational Therapy Assistants is to ensure that OTs in Ontario are aware of the minimum expectations for the supervision of occupational therapy assistants when assigning occupational therapy components.

Titles for Occupational Therapy Assistants (OTA)

The term occupational therapy assistant (OTA) is a descriptor for service providers, who are assigned occupational therapy service components under the supervision of an OT. The term occupational therapist assistant relates to the role as one of assisting and attaches accountability to an OT.

The specific tasks assigned to the OTA must be part of the overall occupational therapy service. The OTA must work under the direction and supervision of an OT and the OT must assume responsibility and accountability for the ongoing quality of occupational therapy service delivery. Student OTs and volunteers are not considered to be OTAs.

OTAs may have various titles such as support person, rehabilitation coach, rehabilitation support worker, rehabilitation assistant, rehabilitation therapist, occupational therapist assistant (OTA) or occupational therapist assistant/physiotherapist assistant (OTA/PTA).

There is considerable variation in OTA training and education. Some OTAs have completed post-secondary programs specific to the knowledge, skills and abilities required to assist an OT in the delivery of occupational therapy services, while others may have completed on-the-job training that is specific to occupational therapy. Regardless of the OTA’s training, it is the accountability of the supervising OT to ensure the OTA is competent to safely, effectively and ethically deliver the assigned occupational therapy service components.

Situations Where the OT is Not Accountable for the Actions of the OTA

In some settings OTAs may be required to perform additional tasks that do not fall under the responsibility of the OT. The OT is not professionally accountable for the actions of the OTA in the following situations:

- When the OTA is acting as an assistant to another regulated health professional, for example, administering a mobility plan that was assigned by a physiotherapist;
- When the OTA is working on activities with the client that were not assigned by the OT, for example, an assistant may run a group as part of the overall facility program, which is not part of the occupational therapy program;
• When the OTA deliberately performs occupational therapy service components that have not been assigned by the OT or are outside the parameters of care set by the OT\(^1\);
• When the OTA is performing administrative activities required by an employer who is not the OT.

In many cases, the OT is not responsible for OTA performance management; however, if the OT becomes aware of OTA performance issues impacting the provision of safe occupational therapy service, the OT must take steps to address the issue which may include:

• Discussing the concern with the OTA;
• Reporting the concern to the OTA’s respective manager;
• Discontinuing assignment of some or all OT plan components to the OTA until the issue is resolved.

Consultation Recommendations and OT Accountability for Implementation

In some occupational therapy practice environments, OTs assume the role of a consultant. For these Standards, consultation is described as the process of identifying problems, providing recommendations, education and/or training or facilitating problem-solving regarding a specific issue with a client, another care provider, or groups of individuals or organizations, on a time-limited basis\(^2\). In this consultation role, the OT does not assign occupational therapy service components and is not directly responsible for the implementation or outcome of their recommendations.

When assuming a consultation role, the OT is accountable for the recommendations they make, however, they are not accountable for the implementation of the recommendations or the individual carrying out the recommended activities. Individuals who carry out recommendations based on an occupational therapy consultation are not acting in an OTA role. For example, an OT may consult to an educational assistant (EA) on appropriate positioning techniques that the EA can use when working with a student in the classroom. Another example is consulting with a personal support worker (PSW) or family member on environmental adaptations to support bed mobility. In these examples, the EA, PSW or family member would not be considered an OTA. The OT would not have the responsibility for supervising and monitoring the care provided by others following the consultation service.

OTs must be clear on the distinction between situations that involve the use of OTAs and situations when they are fulfilling a consultation role and must make this distinction clear to all stakeholders, including clients, employers, OTAs and other health care providers. The OT remains accountable for the quality of the consultation provided and, when relevant, should consider who may be responsible for implementing the recommendations.

Application of the Standards for the Supervision of Occupational Therapy Assistants

• The following standards describe the minimum expectations for OTs.

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\(^1\) If the OT knew or ought to have known that the OTA was performing occupational therapy services that were not assigned by the OT or are outside the parameters of care set by the OT, then the OT has an obligation to stop that from occurring, failing which the OT might very well be seen to be accountable for the OTA’s actions.

\(^2\) CAOT, 2009
• The performance indicators listed below each standard describe more specific behaviours that demonstrate the Standard has been met.

• It is not expected that all performance indicators will be evident all the time. It is expected performance indicators could be demonstrated if requested.

• There may be some situations where the OT determines that a performance indicator has less relevance due to client factors or environmental factors.

• It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.

• It is expected that therapists will be able to provide justification for any variations from the standard.

In the event of any conflict or inconsistency in these Standards for the Supervision of Occupational Therapy Assistants with any other College standards, the standards with the most recent issued or revised date prevail.

College standards contain practice parameters and standards which should be considered by all Ontario OTs in the care of their clients and in the practice of the profession. College standards are developed in consultation with OTs and describe current professional expectations. College standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the Regulated Health Professions Act, 1991, the College is authorized to make regulations in relation to professional practice. The College’s Professional Misconduct Regulation establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession” constitutes grounds for professional misconduct.

Overview of the Standards for the Supervision of Occupational Therapy Assistants

1. Accountability
2. Supervision and Communication
3. Consent
4. Record Keeping
5. Risk Management and Safety
1. Accountability

Standard 1

The OT will be fully accountable for all occupational therapy service components assigned by them to the OTA.

Performance Indicators

The OT will:

1.1 Be competent to perform all occupational therapy service components assigned to the OTA;

1.2 Ensure the quality and safety of client care will not be compromised when assigning occupational therapy components to an OTA giving consideration to the level of risk, client’s status, related environmental factors, and the OTA’s level of competency³;

Note: Refer to Assignment of OTA Decision Tree - Appendix A

1.3 Not assign the following activities to an OTA:
   a) Initiation of occupational therapy service;
   b) Aspects of assessment requiring clinical judgement by the OT;
   c) Interpretation of assessment findings;
   d) Planning of intervention and goal identification/modification of an intervention beyond the limits established by the supervising OT;
   e) Intervention where ongoing analysis and synthesis is necessary to closely monitor and guide client progress;
   f) Communication (written or verbal) of occupational therapy recommendations, opinions or findings requiring clinical judgement;
   g) Decision to discharge and related discharge planning;
   h) Controlled acts that were delegated to the supervising OT by another professional;
   i) Controlled acts that fall within the scope of occupational therapy;
   j) Occupational therapy components that the OT is not competent to direct.

1.4  Clearly outline the occupational therapy service components to be assigned and monitor the treatment approaches used by the OTA to ensure the OTA is following through with the assigned tasks;

1.5  Ensure the OTA has the required knowledge, skill, and judgement to perform the assigned occupational therapy components in a safe, effective and ethical manner, for example: on-the-job training, observation, supervision and support to perform the assigned occupational therapy service components safely; or ensure the hiring institution is aware of the requisite knowledge, skill, and judgement required to carry out the assigned occupational therapy components;

1.6  Monitor client progress and modify occupational therapy service components assigned to the OTA as necessary;

1.7  Be accountable for the communication of occupational therapy opinions or recommendations to the client or substitute decision maker (SDM), team members, or others;

1.8  Comply with any legislation and/or organizational policies regarding the use of OTAs.

2.  Supervision and Communication

OTs are expected to establish a supervision and communication plan with the OTA to ensure the expected outcomes of service are achieved. The degree of supervision provided by the OT is dependent on several factors: the practice setting, the specific client factors, the nature of the components assigned to the OTA, the environment, the OT’s level of knowledge, skill, and judgement, and the OTA’s level of competence. The OT must know the OTA’s level of competence, through observation, training, or employment required qualifications and skills.

There are many methods for supervising and communicating with the OTA, including but not limited to: observation of interventions, informal and formal meetings, and clinical record review.

Standard 2

*The OT will supervise the OTA in the delivery of the occupational therapy service components assigned to the OTA.*
Performance Indicators

The OT will:

2.1 Establish a supervision and communication plan for how and when the OT will review the client’s care plan and the assigned components with the OTA with consideration of:

- the client’s condition and therapy goals;
- the risks associated with the components assigned;
- the OTA’s knowledge, skill and abilities;
- the practice setting requirements.

2.2 Ensure the OTA understands the supervision and communication plan including:

- Roles and responsibilities of the OT and OTA;
- Expectations for how, when and under what circumstances the OTA will report to the OT regarding the assigned components;
- Activities that will be assigned to the OTA;
- The method(s) of supervision (record review; observation, formal and informal meetings, etc.);
- Any activities that the OTA can carry out in the event the OT is unavailable to provide direct supervision;
- Any limits imposed on the OTA’s ability to progress the assigned components of the OT plan.

2.3 Ensure an alternate OT or other health care professional is available and able to assist the OTA in the event of an emergency or unexpected occurrence when the supervising OT is temporarily not available or during short term absences, where the client is stable and there is no anticipated change to the plan.

2.4 Transfer supervision of the OTA to another OT when the OT is expected to be absent for a prolonged period or has resigned from the position; OR Discontinue assignment to the OTA where there is no OT to provide supervision or oversee the occupational therapy plan of care.
3. Consent

**Standard 3**

*The OT will obtain informed consent when assigning occupational therapy components to an OTA in compliance with the Standards for Consent.*

**Performance Indicators**

The OT will:

3.1 Obtain informed consent from the client or substitute decision maker (SDM) by providing detailed and specific information to enable the client’s understanding of the role and activities that the OTA will perform related to occupational therapy services;

Note: Refer to the Standards for Consent.

3.2 Ensure the OTA understands the requirement to confirm agreement from the client to participate in occupational therapy based on consent previously obtained for the plan of care;

3.3 Transparently communicate any fees associated with OTA services when obtaining client consent for the involvement of the OTA.

4. Record Keeping

OTs are expected to comply with the College’s Standards for Record Keeping as well as any organizational record keeping policies that may apply within their practice setting. If an OTA is expected to document their delivery of occupational therapy service components, the OT should communicate expectations for the content of the documentation to the OTA. For example, the OTA would likely document the date, the duration of the intervention, the activities performed and apply their signature and job title as per organizational requirements.

**Standard 4**

*The OT will ensure that occupational therapy service components assigned to the OTA are documented in accordance with the expectations of the occupational therapy service, organizational policies and the Standards for Record Keeping.*
Performance Indicators

The OT will:

4.1 Document the assignment of the occupational therapy service components to the OTA including:
   - The name and title of the OTA
   or
   - The process for assigning occupational therapy components to OTAs (for example, an OTA roster, protocol for weekend coverage) including information regarding accountability for service;
   - Service components assigned and any specific instructions or reference to a care protocol that the OTA will be following;
   - Frequency of OTA intervention.

4.2 Document that consent was obtained from the client or SDM for participation of the OTA in the delivery of occupational therapy service;

4.3 Review the OTA's documentation (if applicable to the practice setting), and document that this record review has occurred;

4.4 Ensure the name and title of the OTA(s) appear on invoices when billing for OTA services.

5. Risk Management and Safety

Risk management is the process of minimizing risk to an individual or organization by developing systems to identify and analyze potential hazards to prevent accidents, injuries, and other adverse events. OTs should take reasonable measures to recognize and minimize the risks to client safety and be responsive in managing adverse issues that may occur with assigning occupational therapy service components to an OTA.

Standard 5

*When assigning occupational therapy service components, the OT will evaluate risk and implement strategies to minimize any potential harm to the client, the OTA and others.*
### Performance Indicators

The OT will:

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<table>
<thead>
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<tbody>
<tr>
<td><strong>5.1</strong></td>
<td>Communicate to the OTA any risks associated with the assigned occupational therapy components and the strategies to manage the risks during occupational therapy service delivery;</td>
</tr>
<tr>
<td><strong>5.2</strong></td>
<td>Discuss the risks and benefits associated with assigning service components to the OTA with stakeholders as necessary to evaluate the safety and quality of client care. Stakeholders may include supervisors, employers, client/family, other team members, other agencies;</td>
</tr>
<tr>
<td><strong>5.3</strong></td>
<td>Promote a safe work environment; and ensure that there is a process to report and act on unsafe practices;</td>
</tr>
<tr>
<td><strong>5.4</strong></td>
<td>Address any concerns regarding OTA service delivery;</td>
</tr>
<tr>
<td><strong>5.5</strong></td>
<td>Discontinue assignment of occupational therapy service components if there is a risk to client or provider safety.</td>
</tr>
</tbody>
</table>
References

Canadian Association of Occupational Therapists (2009). Practice profile for support personnel in occupational therapy.


College of Occupational Therapists of Ontario (2016). Standards for Record Keeping. Toronto, ON.


Appendix A

Assignment of OTA Decision Tree

OTs are accountable for the occupational therapy service components they assign to an OTA. Use this decision tree to assist you in determining if it is appropriate to assign specific tasks to an OTA. If you answer **NO** to any of these questions, **DO NOT** assign the component to the OTA.

Refer to the Standards for the Supervision of Occupational Therapy Assistants for more detail.

1. **Am I assigning an intervention that is within my occupational therapy scope of practice?**
   - YES, continue
   - NO, do not assign to OTA

2. **Am I competent to perform this intervention? (Do I have the knowledge, skill and judgement?)**
   - YES, continue
   - NO, do not assign to OTA

3. **Is this an occupational therapy service component that can be assigned to an OTA? (Standard 1)**
   - YES, continue
   - NO, do not assign to OTA

4. **Does the OTA have the knowledge, skill and judgement to perform this intervention?**
   - YES, continue
   - NO, do not assign to OTA

5. **Based on the client status, risk factors, and practice setting, is it appropriate to assign the intervention to the OTA? (Standard 5)**
   - YES, continue
   - NO, do not assign to OTA

6. **Have I obtained informed consent from the client/SDM for the OTA’s participation in service delivery? (Standard 4)**
   - YES, continue
   - NO, do not assign to OTA

7. **Has a supervision and communication plan been established between the OT and the OTA? (Standard 2)**
   - YES, continue
   - NO, do not assign to OTA

8. **Have the expectations for record keeping been communicated to the OTA? (Standard 3)**
   - YES, continue
   - NO, do not assign to OTA

Assign to OTA

NO, do not assign to OTA
COUNCIL BRIEFING NOTE

Date: March 29, 2018
To: Council
From: Executive Committee
Subject: Revised Guidelines for Working Within Managed Resources

Recommendation

THAT Council approves the revised Guidelines for Working Within Managed Resources.

Background

The revised Guidelines for Working Within Managed Resources were presented to the Practice Issues Subcommittee February 22, 2017 as the document had exceeded the recommended time frame for review and the Practice Resource Service continues to receive complex practice questions related to this topic. College staff provided Subcommittee with a review of relevant Practice Resource data and the results of an environmental scan. Subcommittee reviewed the document and provided direction for the proposed revisions.

Results of the Document Review

Based on this review, Practice Issues Subcommittee directed staff to proceed with revisions to the Guidelines for Working Within Managed Resources.

<table>
<thead>
<tr>
<th>Review</th>
<th>Revision</th>
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</thead>
<tbody>
<tr>
<td>Document stays the same, no revisions required.</td>
<td>Minor revisions updates needed.</td>
</tr>
<tr>
<td>Typos, corrections needed.</td>
<td>Significant revisions - no implications for policy</td>
</tr>
<tr>
<td></td>
<td>Revision – possible implications for policy.</td>
</tr>
<tr>
<td></td>
<td>Significant re-drafting, changes to policy content</td>
</tr>
</tbody>
</table>

On December 12, 2017, the revised Guidelines for Working Within Managed Resources were presented to Subcommittee following incorporation of Subcommittee’s feedback and recommendations. Subcommittee approved the revised Guidelines for Working Within Managed Resources and recommended that they be referred to Executive Committee. On March 6, 2018 Practice Issues Subcommittee incorporated 4 additional statements into the document and considered whether the document should be circulated for consultation based on the nature of the information.

Executive Committee reviewed the revised Guidelines for Working Within Managed Resources on March 7, 2018 made minor revisions, and recommended they be referred to Council for review and approval.
Discussion
The key changes to the original document include:

<table>
<thead>
<tr>
<th>Change</th>
<th>Rationale</th>
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<tr>
<td>Name of document</td>
<td>- The word &quot;climate&quot; was removed as it is confusing to registrants and the public</td>
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<tr>
<td></td>
<td>- &quot;managed resources&quot; and &quot;resource management&quot; are more commonly used and recognizable terms</td>
</tr>
<tr>
<td>Introduction</td>
<td>- Reworded to improve clarity and conciseness</td>
</tr>
<tr>
<td>Section added re: Ethics and Competency</td>
<td>- References to Code of Ethics and Essential Competencies incorporated</td>
</tr>
<tr>
<td></td>
<td>- Application of the Conscious Decision-Making Framework as a tool to guide decision making</td>
</tr>
<tr>
<td>Section added re: Models of Care</td>
<td>- Discusses models of care that can be used in occupational therapy service delivery</td>
</tr>
<tr>
<td>Organization of document</td>
<td>- Document was reorganized under different headings with each section containing &quot;strategies&quot; and &quot;additional considerations&quot;</td>
</tr>
<tr>
<td></td>
<td>- Document formatted using current College branding</td>
</tr>
<tr>
<td></td>
<td>- Language simplified to be more user friendly and easier to read</td>
</tr>
<tr>
<td>Overall tone of document</td>
<td>- Strategies are now incorporated into the document vs being an appendix at the end</td>
</tr>
<tr>
<td></td>
<td>- Revised document outlines OTs' responsibilities in &quot;Additional Considerations&quot;; however, useful strategies are also provided to assist OTs in meeting College expectations</td>
</tr>
</tbody>
</table>

Executive Committee gave consideration as to whether this document should be circulated for registrant feedback. Given the nature of the content, Executive is not recommending this document be circulated prior to publication as the College has limited jurisdiction over resource management and the document is at the guideline level.

Decisions for Council
Approval of the revised Guidelines for Working Within Managed Resources.

Attachments
Revised Guidelines for Working Within Managed Resources
Practice Guidelines for Working Within a Climate of Managed Resources
Guidelines for Working Within Managed Resources

Draft Revision March 2018

Originally Issued: December 2012
Guidelines for Working Within Managed Resources

Introduction

The delivery of health care services occurs within a complex system of stakeholders such as government, health-related organizations, employers, administrators, insurers, health care professionals, clients and the public. Within the healthcare environment, balancing service delivery demands and client expectations with fiscal responsibility, health funding reform, and resource management can present challenges for health care professionals. Working within managed resources requires professionals to prioritize how limited resources are used and to consider the most effective and efficient models for service delivery. In addition to meeting client and employer expectations, OTs must also ensure they are maintaining professional standards at all times.

The purpose of this guideline is to review expected practice and provide strategies for OTs when working within practice settings with managed resources beyond the control of the OT. Resource management is the “process of using a company’s resources in the most efficient way possible. These resources can include tangible resources such as goods and equipment, financial resources, and labor resources such as employees.”\(^1\) For the purposes of this guideline, managed resources are defined as the resources that are allocated to occupational therapy service delivery.

This Guideline is intended to be used along with applicable legislation and College standards to enable OTs to provide safe, competent, and ethical care.

Quick Links to College Resources

In working within managed resources, OTs must be aware of the expectations outlined in related College documents:

- Code of Ethics
- Standards for Occupational Therapy Assessments
- Standards for Consent
- Standards for the Prevention and Management of Conflict of Interest
- Standards for Record Keeping
- Standards for Professional Boundaries
- Guide to Discontinuation of Services

Overview of the Guidelines

1. College Mandate
2. Providing Ethical and Competent Care
3. Responsibilities of Occupational Therapists
4. Models of Care
5. Strategies for Working Within Managed Resources

College Mandate

The College has a mandate to protect the public by regulating the practice of the profession of occupational therapy in accordance with the Regulated Health Professions Act, 1991 (RHPA). The College has a responsibility to ensure that clients who are in receipt of occupational therapy services are provided with safe, effective, ethical care consistent with the standards of practice for the profession.

Advocacy for occupational therapy service falls under the mandate of the professional associations. Some examples of associations that OTs may choose to contact include the Ontario Society of Occupational Therapists (OSOT) and the Canadian Association of Occupational Therapists (CAOT).

Providing Ethical and Competent Care

The Code of Ethics serves as a foundation for occupational therapy practice regardless of the model that is being used to deliver occupational therapy services. OTs must be guided by the core values of Respect and Trust and the principles of practice that follow: Client-centred practice, Respect for Autonomy, Collaboration and Communication, Honesty, Fairness, Accountability, and Transparency. When working within managed resources, OTs are expected to uphold the core values and principles of the profession and to remain professional and ethical in all of their interactions.

When faced with an ethical dilemma related to managed resources, such as deciding which clients will receive service or how much occupational therapy service can be provided, OTs are expected to engage in a conscious decision-making process to arrive at a decision that is reasonable and sound. Conscious Decision-Making in Occupational Therapy Practice is a resource that provides a framework OTs can use to guide decision-making in their practice.

The Essential Competencies of Practice for Occupational Therapists in Canada describe the skills, knowledge and judgment that OTs should demonstrate in clinical and non-clinical practice. Even when practicing within managed resources, OTs must ensure that they are competent and follow a systematic approach to service delivery in keeping with the standards of the profession.

Responsibilities of Occupational Therapists

Despite limitations or constraints placed on occupational therapy service delivery, OTs have a responsibility to uphold and maintain the accepted standards of practice. OTs are expected to:

- Follow the relevant legislation, professional standards, and organizational policies;
- Ensure that clients are provided with appropriate information to make informed decisions about their care;
- Engage in open and honest communication to promote realistic client expectations;
- Describe the scope, role and purpose of the service to be provided;
• Ensure the client and referral source are aware of the service model in terms of the amount of service available;
• Provide services appropriate to the client’s needs and not discontinue services without an acceptable reason;
• Provide clients with a clear understanding of their treatment status if resources are exhausted prior to client goals being met or the expected discharge;
• Take necessary steps to ensure a safe and effective transfer of care when service is to continue with another provider.

Models of Care

Occupational therapy can occur using various models of service delivery:
• Direct 1:1 care where an OT provides individual care to each client separately
• Groups where an OT provides care to multiple clients simultaneously in a group setting
• Consultation where an OT provides recommendations for a client or type of client to be carried out by someone else
• Collaborative or interprofessional care where an OT works with other providers in delivering client care
• Assigning care where an OT assigns aspects of client care to another person, for example, an occupational therapist assistant
• Telepractice where an OT uses information and communication technologies (ICT) to deliver services when the client and occupational therapist are in different physical locations\(^2\)

If resources are limited, it may be beneficial to examine the current model of service delivery that is used and consider alternative options that are safe, evidence-informed, and cost effective for the delivery of occupational therapy services.

Strategies for Working Within Managed Resources

Occupational Therapy Services

Strategies

• Consult and collaborate within your organization to develop priorities for occupational therapy services;
• Set realistic limits on the type of occupational therapy services that can be delivered within the current funding model and communicate this with management, the treatment team, and clients;
• Use the Conscious-Decision Making Framework to assist you in determining the type and amount of occupational therapy services that can reasonably be delivered;

Guidelines for Working Within Managed Resources

- Consult, share, and collaborate with other OTs outside the organization to investigate alternative ways of dealing with limited resources;
- Use evidence-informed practice to develop service models and provide rationale for service delivery recommendations when presenting options to management or payers;
- Develop new, innovative service models and advocate for permission or resources to carry out a pilot project to evaluate effectiveness;
- Notify employers or management if workplace policies and procedures are inconsistent with College standards and guidelines.

Additional Considerations

- Identify risks to clients in the event that resources are insufficient. If client safety is a concern at any time, the OT should alert the appropriate stakeholders and explain the potential impacts of reduced resources on the OT’s ability to provide safe care;
- Discuss with management any requests to perform activities that are outside the OT’s scope of practice in any service delivery model;
- Make evidence-informed recommendations for clients based on objective assessment and what is in the best interest of the client. Remain impartial and objective in the decision-making process regardless of outside pressures.

Managing Caseloads

Strategies

- Critically review and evaluate the services being delivered;
- Propose modification to the scope of occupational therapy services provided to ensure the service delivery model is safe and effective for clients;
- Consult and collaborate with team members regarding any changes to occupational therapy services;
- Develop an occupational therapy priority matrix that supports decision-making for effective allocation of resources;
- Conduct an environmental scan of OTs in similar roles to determine any strategies that could assist with caseload management;
- Engage in discussions regarding caseload demands with relevant management within the organization;
- Speak with management regarding any identified risks to clients in the event the OT feels the provision of care is compromised or unsafe due to the allocation of resources or staffing;
- Explore tools to assist you in caseload management.³

Additional Considerations

- Use discretion and professionalism when documenting in the client record as the client record pertains only to the client’s care. Consider how documentation in the client record will reflect the organization and other stakeholders;

³ For example, Caseload Management Planning Tool available through the Canadian Association of Occupational Therapists (CAOT).
Guidelines for Working Within Managed Resources

- Examine the current priorities established by the organization. If the current prioritization process is no longer effective, then this may warrant the review and development of new priorities within the organization.

**Collaborative Care**

**Strategies**

- Engage collaboratively with other service providers in the management of resources;
- Communicate effectively with other service providers to ensure that client care is coordinated;
- Determine if there are members of the team to whom you can assign care, for example, occupational therapist assistants. Additionally, examine if there are members of the team to whom you can refer to, for example, social workers or case managers;
- Work with team members to ensure that each provider’s scope, responsibilities, and role is clarified to prevent duplication of service when engaging in collaborative care.

**Additional Considerations**

- Ensure that the client understands each provider’s scope of practice, role and responsibilities;
- Refrain from over assigning tasks to OT support personnel when resources are limited;
- Develop and/or modify the supervision model used if required to supervise additional support personnel.

**Professional Behaviour**

**Strategies**

- Engage in clear and transparent communication to assist clients in understanding the current service delivery system and any variations between the expectations of the client and available resources;
- Maintain positive inter-professional relationships that support the best interests of the client;
- Maintain professional boundaries with clients and stakeholders.

**Additional Considerations**

- Use discretion and professionalism when communicating to clients any restrictions or limitations to funding or services;
- Avoid engaging in conflicts of interest by self-referring and/or directly soliciting business;
- Adhere to ethical practice when working within managed resources.

**Record Keeping**

**Strategies**

- Determine the most appropriate frequency of documentation by examining the frequency of client interaction, change in the client’s status, the type of occupational therapy services being delivered, the setting in which services are being provided, and any relevant organizational policies that apply;
Guidelines for Working Within Managed Resources

- Reflect on the length and quality of the documentation to ensure all relevant information is included and consider if there are opportunities to be more concise;
- Examine the clinical record to minimize the duplication of information, for example, if other providers have already documented about the same thing;
- Tailor your documentation to the client aspects that apply to occupational therapy;
- Use templates and forms when engaging in record keeping to support efficient documentation;
- Consider the use of organizationally accepted acronyms;
- Utilize technology such as secure dictation systems, tablets and laptops to assist with documentation efficiency.

Additional Considerations

- OTs have a responsibility to maintain clinical records according to the Standards for Record Keeping regardless of perceived time constraints;
- If the OT is also the Health Information Custodian (HIC) of the record, they must take reasonable steps to ensure the preservation, security and ongoing access to the client record in events such as the organization/agency within which the OT is providing (or has provided) service ceases to operate, or if the OT’s contract is terminated prematurely.

Summary

Although decisions about funding for occupational therapy services are often outside the occupational therapist’s control, OTs can take an active role in assisting their organization to establish new service delivery models. OTs may find that additional education or the development of training programs for staff regarding managed resources could position their organization to deliver high-quality, more cost-effective care.

This guideline cannot address all circumstances that may exist. OTs are expected to stay informed of changes to relevant legislation, regulations, standards of practice, and policies and procedures. OTs are welcome and encouraged to use the College as a resource to ensure they continue to practice safely, ethically and competently.
Guidelines for Working Within Managed Resources

References


College of Occupational Therapists of Ontario (2016). Standards for Record Keeping. Toronto, ON.


This document replaces:

College of Occupational Therapists of Ontario (2012). Practice Guidelines for Working Within a Climate of Managed Resources. Toronto, ON.
PRACTICE GUIDELINES FOR WORKING WITHIN A CLIMATE OF MANAGED RESOURCES

Identifying the Issue
The delivery of health care services occurs within a complex system of stakeholders, including government, organizations, employers, administrators, insurers, health care professionals and the public. Decisions on which services to fund are made at administrative levels, which are not usually within the clinical occupational therapist’s span of control. However, OTs can be greatly affected by these decisions. It is important to recognize that working in a climate of managed resources does not preclude the expectation that OTs will work within the standards of the profession.

The health care environment, which includes issues related to fiscal responsibility, balanced budgets and resource management, present an ongoing challenge to health care workers and clients. The extent to which this managed resource environment impacts the delivery of health care services continues to grow. This climate of managed resources spans all practice environments. Therapists have reported various examples of how decisions based primarily on management of resources impacts client care. For example, occupational therapists have expressed concerns regarding their inability to maintain professional autonomy with regard to decisions about client care needs (e.g. amount and type of OT intervention, appropriateness for service). In some cases, OTs have indicated that they feel unable to maintain an appropriate standard of care for their clients. For example, therapists have described situations where they feel they must “abandon” clients partway through the treatment process, with insufficient follow-up due to restrictions in the number of visits allowed. Therapists have also expressed concern about eligibility criteria that exclude specific populations from some service delivery programs. Conversely, administrators and supervisors have expressed concern that resources are not utilized efficiently and service delivery decisions are not sufficiently based on evidence. The issues of resource management are real and complex, and are understandably a source of concern for health care providers and clients.

College Mandate
The College has a mandate to regulate the practice of the profession and govern members in accordance with the Regulated Health Professions Act. The College has considered the extent to which the managed resource issues identified above fall within this mandate. Some, but not all, aspects of the managed resource issue, such as those that impact the standard of client care are consistent with the College mandate.

The College clearly has a responsibility to see that clients who are in receipt of occupational therapy service are provided with safe, ethical and quality care, consistent with the standards of practice for the profession. Other aspects of the managed resource issue however, such as equal or increased public access to OT services, are not seen by the College to fall under its mandate and may be more consistent with the mandate of the professional association (i.e., the Ontario Society of Occupational Therapists or the Canadian Association of Occupational Therapists).

Defining Responsibilities
Each health care professional within the system holds some responsibility regarding the effective and efficient delivery of services. The College believes that the success of the health care system is dependent on each stakeholder fulfilling their own responsibility and working cooperatively and collaboratively to support each other in this effort. In a climate of managed
resources, challenges exist for anyone involved in providing or receiving health care services. Occupational therapists, as autonomous health care professionals, are no exception. Despite these challenges, the College expects OTs to maintain standards of practice once service delivery commences. It may be prudent for OTs to be prepared to engage collaboratively with other service providers in pro-active strategies to manage their resources.

Appendix 1 describes some strategies which can be utilized by the OT dealing with managed resources and constraints in funding of OT services.

The information in the next section is provided as a summary of some key responsibilities of all occupational therapists in regards to their clients.

**Responsibilities of Occupational Therapists**

The College expects occupational therapists to carry out these responsibilities and supports occupational therapists in articulating these expectations to decision-makers within the health care system.

However, it is recognized that the following responsibilities can be very challenging to uphold within a managed resource environment. The following is applicable to all occupational therapy practice.

OTs are expected to follow a systematic approach to service delivery in keeping with the standards of the profession and as defined in the *Essential Competencies of Practice for Occupational Therapists in Canada*.

OTs are expected to serve the best interests of their client(s). While there may be a number of stakeholders involved with the care of a client, the client is defined by this College as the individual whose occupational performance issues have resulted in a referral for occupational therapy service. Most often the client is the direct recipient of occupational therapy service. The requestor, referral source or payer of the service is not defined as the client and while these individuals play an important role within service delivery, their interests are secondary to those of the client. OTs need to establish and fulfill contractual agreements with stakeholders in a manner that respects the rights of the client.

OTs are expected to uphold the principle of transparent practice. An OT must respect the client’s right to know the nature of services being provided, initially, and on an ongoing basis. Open and honest communication is expected to promote realistic client expectations. This is particularly relevant in situations where the amount of OT services are under constraint, and where the client and/or the family may have expectations which cannot be met under the constraint. In the *Standards for OT Assessments*, the College recommends that at or before the initial meeting, at least the following information has been communicated to the client:

- The purpose of the service to be provided
- A realistic scope of deliverable services which includes the anticipated duration, frequency and intensity of service available.
- The potential benefits, material risks and limitations of the OT service and where appropriate, the choice of the client to refuse the service
- The payer of the service and context of the referral
- The client’s right to privacy and confidentiality in the process of collecting, using, and sharing personal health information as defined in the *Standards for Record Keeping* and the *Personal Health Information and Protection Act*, (PHIPA).
- The accountability of the OT to the College of Occupational Therapists of Ontario, as appropriate.

**Consent**

OTs are expected to follow the legislation and *Standards for Consent* with respect to all occupational therapy services provided to the client. Clients must be provided with appropriate information in order to support the principles of client choice and client-centred practice. In a managed care environment, the assessment and treatment duration of care should be clarified within the consent process, if possible.
Discontinuation of Service

OTs are expected to provide services appropriate to the client’s needs and should not discontinue services without an acceptable reason or having made reasonable arrangements, for the continuation of care in collaboration with the client. However, it is considered appropriate to discontinue service if the allocated resources have been exhausted.

OTs have an obligation to provide clients with a clear understanding of their current treatment status if resources are exhausted prior to expected discharge. Clients should be advised of alternative services and offered choices of provider options. When service is to continue with another provider (OT or otherwise), the OT should take the necessary steps to ensure safe and continuous care with the client’s involvement if possible. For example, if equipment has been provided to a client, some follow-up mechanism is desirable. If the number of visits has been limited so that a follow-up visit is not supported by the organization, the organization may agree to a follow-up call or some other mechanism that facilitates the safety of the client and the effectiveness of the equipment.

OTs have a responsibility to make the client and referral source aware of the current service model in terms of the amount of service ie: time and number of visits and to make suitable recommendations when the most appropriate services for a client are not available from the funding source.

Record Keeping

OTs are required to maintain clinical records according to the PHIPA, and the College's Standards for Record Keeping. If the OT is also the Health Information Custodian of the record, there is also a responsibility to ensure the integrity of the record and of any opinions or recommendations reflected in it. In the event the organization/ agency within which the OT is providing (or has provided) service, ceases to operate, the OT, as the Health Information Custodian, is expected to take reasonable steps to ensure the preservation, security and ongoing access to the client record. OTs are expected to ensure that financial records are maintained for every client to whom a fee is charged. These records should be maintained according to the College standards. OTs also have an obligation to understand the fees and billing practices for their service, whether or not they have responsibility for establishing them. OTs are expected to ensure equipment used for the delivery of OT service is safe and in reliable working order. Service records for any equipment used to examine, treat or render service to clients should be maintained according to the College standards.

Professional Behaviour, Collaboration and Communication

When delivering services, OTs are expected to maintain positive inter-professional relationships that support the best interests of the client. Developing intervention strategies and working with other team members in creating new service models whereby there is a more collaborative approach to client service delivery may assist with utilizing staff resources more efficiently, without compromising effectiveness.

Discretion and professionalism is expected when OTs communicate to clients any restrictions or limitations to funding or services. Through the use of clear and sensitive communication, OTs will assist clients in understanding their current service delivery system, and any shortfalls and limitations between the expectations of the client and available resources.

OTs may not initiate contact with individuals believed to need care (e.g. a targeted clinical audience, individualized letter) in an attempt to directly solicit business. Advertising can be distributed generally to the public. OTs should be mindful of perceived or actual conflict of interest and should not allow the pursuit of financial gain or other personal benefit to interfere with the exercise of sound professional judgement and skill. OTs must abide by the advertising regulations set out by the College.

Support Personnel

OTs are responsible for OT services they assign to support personnel or students. Moving additional tasks to the support personnel may be a greater expectation when OT resources are limited. In compliance with the Standards for the Supervision of Support Personnel, OTs should obtain consent from the client when involving support personnel in the delivery of OT service.
OTs are responsible for providing supervision of support personnel who are assigned any aspect of OT service. When OT resources are limited, the Occupational Therapist may be required to supervise additional support personnel, making it prudent to evaluate and modify the supervision model used.

The OT should ensure that monitoring and evaluation of the assigned task(s) take place on a regular basis to ensure the expected standard of care is maintained.

Increasing the utilization of support personnel in occupational therapy services may be a strategy for increasing the span of OT Services. OTs may develop such a model as a strategy to provide additional services to clients.

Appendix 1

Strategies for Managing within Constrained Resources

The Essential Competencies for Occupational Therapists in Canada offers various actions/strategies which can be developed when client needs exceed the resources available. Consider:

- Consulting, and collaborating within the facility to develop priorities for services;
- Setting realistic limits on what kind of services can be delivered with the current funding and communicating this with the manager, and the team;
- Identifying the risks to clients and safety issues in the event that insufficient resources are delivered. If client safety is a concern at any time, the OT should also be alerting the appropriate people in those specific situations;
- Defining the impacts of reduced funding on an OT’s ability to provide the appropriate/needed, safe, OT services to clients by raising the issue with the appropriate stakeholders;
- Consulting, sharing and collaborating with other OTs outside the facility to investigate their ways of dealing with limited resources and participating in the association to address funding issues, and participate in advocating with the association;
- Utilizing Evidence Based Care and Best Practices, and developing service models based on those findings which may interest the management of the facility or payers;
- Developing a new, innovative service model and requesting funding to carry out a pilot project of this model. There may be government funding available for new care models.

When caseloads are larger than can be safely and effectively managed, some strategies to consider are:

- Critically review, evaluate and revise the services being delivered;
- Document results of the review;
- Determine and prioritize the most important services to offer, based on client need;
- Stop doing what is not effective;
- Propose plan to Manager/Director for revised services;
- Consult/collaborate with team regarding the new service plan to arrive at agreement; document the plan, as a policy or procedure, and circulate to relevant team and stakeholders.

Developed: January 2003
Revised: December 2012
COMMITTEE REPORT TO COUNCIL

Committee: Executive Committee
Chair: Jane Cox
Date: March 29, 2018

Tasks completed since the last Council Meeting:
- Reviewed January 2018 Financial Report
- Reviewed Annual Investment Report
- Review and updated committee workplan
- Received and reviewed the priority performance report
- Reviewed Council Policies – Per Diem
- Reviewed and commented on Standard for the Supervision of Occupational Therapist Assistants
- Reviewed and commented on Guidelines for Working within Managed Resources
- Reviewed and commented on Regulation for the controlled act of Psychotherapy
- Reviewed results of the Annual Council Evaluation, Self-Evaluation and January Council meeting evaluation
- Reviewed and made recommendation for the chairs of the Statutory Committees to the incoming Executive Committee
- Established agendas for March Council meeting and Election meeting

Key Priorities:
- Effective and efficient governance
- Financial stewardship
- Establishing resources to support practice
- Efficient and effective operations

Leadership Priorities:
1. Confidence in occupational therapy regulation:
   - Ensure financial policies are updated and consistent with current practices
2. Quality practice by occupational therapists:
   - Recommend to council approval of practice documents to support practice
3. System impact through collaboration:
   - Ensure necessary regulatory structures are in place for the controlled act of psychotherapy

Items or Decision/Discussion:
• Approval of Performance Report
• Recommend Council approval of guidelines and procedures related to per diems
• Recommend Council approve proposed Controlled Act Regulation related to the controlled act of Psychotherapy for circulation to registrants and other stakeholders
• Recommend Council approve Standards for the Supervision of Occupational Therapist Assistants
• Recommend to Council approval of the Guidelines for Working within Managed Resources
COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee
Chair: Shannon Gouchie
Date: March 29, 2018

Tasks completed since the last Council Meeting:
Practice Issues Subcommittee met once in-person, on March 6th, 2018, since the last Council meeting.

Key Priorities:
The Subcommittee continues to work on priority items as identified in the Subcommittee’s Workplan
- Developing and updating College publications
- Responding to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery

Leadership Priorities:
1. Confidence in occupational therapy regulation:
   • Subcommittee decisions are informed by Practice, ICRC and QA data

2. Quality practice by occupational therapists:
   • Key messages and proposed content were discussed by Subcommittee for the development of a College document on the discretionary reporting for at-risk drivers
   • Subcommittee was provided with a practice review of the use of electronic communications with clients and discussed the formulation of an advisory for OTs with regards to this
   • The Revised Standards for Infection Prevention and Control were reviewed, but remain with Subcommittee for further revision
   • Edits to the Standards for the Supervision of Occupational Therapist Assistants were finalized and went to Executive for their recommendations and are now before Council for approval following stakeholder consultation
   • Edits to the Guidelines for Working Within Managed Resources (formally titled: Working in a Climate of Managed Resources) were reviewed at Executive for their recommendations and are now before Council for approval.

Items for Decision/Discussion:
Standards for the Supervision of Occupational Therapist Assistants
Guidelines for Working Within Managed Resources
AGENDA ITEM 10.3

COMMITTEE REPORT TO COUNCIL

Committee: Inquiries, Complaints and Reports Committee
Chair: Julie Entwistle
Date: March 29, 2018

ICRC Members

<table>
<thead>
<tr>
<th>ICRC</th>
<th>Panel A</th>
<th>Panel B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Julie Entwistle</td>
<td>Jennifer Henderson</td>
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<tr>
<td></td>
<td>Ernie Lauzon</td>
<td>K.S. Joseph</td>
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<td></td>
<td>Leanne Baker</td>
<td>Shaheezza Hirji</td>
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<td></td>
<td>Hricha Rakshit</td>
<td>Mathew Rose</td>
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</table>

Tasks completed since the last Council Meeting

Since the last report to Council, the Committee held 2 in person meetings. At one of these meetings the entire Committee met, and the second meeting was Panel B only.

During the group meeting in addition to reviewing case files, the Committee also discussed the results of the Committee Effectiveness Survey it completed in February 2018.

A summary of the ICRC case review is detailed in the table below:

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Type of Case</th>
<th>Source of Case</th>
<th>Decisions</th>
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</thead>
<tbody>
<tr>
<td>February 28, 2018</td>
<td>4 complaints</td>
<td>4 complaints from client</td>
<td>1 SCERP</td>
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<tr>
<td></td>
<td>5 Registrar Reports</td>
<td>3 reports based on mandatory reports from former employers</td>
<td>2 take no further action</td>
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<tr>
<td></td>
<td></td>
<td>1 report based on information received from College staff</td>
<td>2 advice/guidance</td>
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<tr>
<td></td>
<td></td>
<td>1 report based on information received from a client</td>
<td>1 Undertaking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Decisions pending release of HPARB decision on similar issue</td>
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</tbody>
</table>
Key Priorities
Continuing to ensure efficient and timely processing of complaints and reports.

Leadership Priorities

1. Confidence in occupational therapy regulation:
   During the Committee’s group meeting, College staff presented an updated Risk Assessment Framework tool which the Committee approved the use of. The tool helps facilitate consistent decision making among the Committee’s panels.

2. Quality practice by occupational therapists:
   No new updates

3. System impact through collaboration:
   No new updates

Items for Decision/Discussion
No items to be brought forward for Council discussion.

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Type of Case</th>
<th>Source of Case</th>
<th>Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 15, 2018</td>
<td>3 complaints</td>
<td>1 complaint from potential client</td>
<td>3 take no further action</td>
</tr>
<tr>
<td>Panel B</td>
<td>3 Registrar Reports</td>
<td>1 complaint from client</td>
<td>2 advice/guidance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 complaints from another OT</td>
<td>1 remedial agreement</td>
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<tr>
<td></td>
<td></td>
<td>3 reports based on mandatory reports from former employers</td>
<td></td>
</tr>
</tbody>
</table>

COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee
Chair: Paula Szeto
Date: March 29, 2018

Tasks completed since the last Council Meeting:
The Discipline Committee held a teleconference meeting on Tuesday March 6, 2018. The purpose of the meeting was to review and discuss the Discipline Committee Effectiveness Survey results. Based on discussions, targeted priorities and activities were identified by the committee for the coming year. The Committee will report to Council on these priorities and activities once they have been finalized by the members of the reconstituted Discipline Committee for the incoming term.

Update regarding the two hearings held:
The first, into the matter of COTO v. Jalpa Bode, was heard by a panel of the Discipline Committee on December 18, 2017. The panel's written reasons for its decision continue to be pending.

The second, into the matter of COTO v. Brenda Hanna, was heard by a panel of the Discipline Committee on January 9, 2018. The panel's written reasons for its decision also continue to be pending. The Committee will extensively report to Council on these two hearings once the Decision and Reasons is available for review.

Key Priorities:
The Discipline Committee hears and determines allegations of professional misconduct or incompetence. It also hears and determines reinstatement applications for certificates of registration that have been revoked or suspended as a result of disciplinary proceedings.

Leadership Priorities:
1. Confidence in occupational therapy regulation: No new updates.
3. System impact through collaboration: No new updates.

Items or Decision/Discussion:
No decision or discussion items to be brought forward to Council at this time.
COMMITTEE REPORT TO COUNCIL

Committee: Fitness to Practise Committee
Chair: K.S. Joseph
Date: March 29, 2018

Tasks completed since the last Council Meeting:
On March 1, 2018, the Committee held a meeting by way of telephone conference. The purpose of the meeting was to discuss the results of the Fitness to Practise Committee Effectiveness Survey. The Committee also discussed the resignation of non-Council Committee member Nancy McFadyen, which resignation was accepted by the Registrar of the College on February 12, 2018.

Key Priorities:
No new updates since the Committee’s last report to Council.

Leadership Priorities:
No new updates since the Committee’s last report to Council.

1. Confidence in occupational therapy regulation:
2. Quality practice by occupational therapists:
3. System impact through collaboration:

Items for Decision/Discussion:
There are no items to discuss at this time.
COMMITTEE REPORT TO COUNCIL

Committee: Quality Assurance Committee
Chair: Laurie Macdonald
Date: March 29, 2018

Tasks completed since the last Council Meeting:
- Committee approved the re-appointment of Roxane Siddall as Chair of the Quality Assurance Subcommittee;
- The Committee will be meeting at the end of March 2018.

Key Priorities for the meeting in March as well as going forward:
- Approval of the 2018 Prescribed Regulatory Education Program (PREP);
- Review and Approval of the 2018 PREP online eLearning Module in April 2018;
- Oversight and decision-making with the development of the new CRE process;
- Addressing registrant non-compliance as per the new policy; likely to begin at Committee meetings in mid-late 2018;
- Review and Decision for two QA Case files;
- Review and Approval of Registrant Request for Extension/Deferral of Annual QA Requirements form.

Leadership Priorities:

1. Confidence in occupational therapy regulation:
   - The Committee continues to offer timely support and decision making to inform best next steps with respect to:
     - managing registrant non-compliance with annual QA requirements; and
     - development of the new CRE process.

2. Quality practice by occupational therapists:
   - The Committee is dedicated to fulfilling a more prominent role in the monitoring and managing of registrant non-compliance with the completion of all mandatory components of the QA Program to support quality practice by OTs in Ontario.
   - Committee continues to play an integral role in the timely review of the 2018 PREP materials and to support the launch of the PREP to meet College operational and registrant needs.

3. System impact through collaboration: N/A

Items for Decision/Discussion:
Quality Assurance Compliance Policy – For information purposes, Attached
Quality Assurance Policy

Policy Title: Compliance with Quality Assurance Program Requirements
Approver: Quality Assurance Committee
Approved Date: December 7, 2017
Effective Date: April 1, 2018

Applicable Registration Categories:
1. General Practising Certificate
2. Provisional Practising Certificate

Policy Statement:
All occupational therapists (OTs) in Ontario are required to participate in and comply with the requirements of the College’s quality assurance (QA) program. The quality assurance program includes continuing education and professional development designed to promote continuing competence among OTs to help ensure they have the knowledge, skill and judgment to practice safely, effectively and ethically.

Purpose:
The purpose of this policy is to define the process the College will follow to address non-completion of the mandatory requirements of the QA program including the Self-Assessment (SA), Professional Development Plan (PD Plan) and Prescribed Regulatory Education Program (PREP).

Principles:
1. This policy supports the core principle of the QA program that OTs are autonomous health care professionals who are responsible for their own self-reflection and competent practice. The mandatory QA requirements of the program provide a framework for OTs to engage in self-reflection to maintain their knowledge, skill and judgment and identify any learning needs annually.
2. OTs are required to sign a quality assurance declaration every year that indicates they understand their obligation to complete the mandatory QA requirements. By signing this declaration, OTs are stating that they acknowledge their accountability for meeting their QA requirements by the defined due dates. By signing this declaration, it is presumed that OTs are being truthful and adhering to the College’s Code of Ethics.

Applicable Legislation (See Appendix A):
1. Regulated Health Professions Act, 1991 (RHPA)
2. Health Professions Procedural Code being Schedule 2 to the RHPA
4. Ontario Regulation 95/07: Professional Misconduct
Scope:

College registrants who have not completed all annual QA requirements within required timeframes will be identified for review. Consideration will be given to the number of requirements that have not been completed and any history of non-compliance in previous years.

Procedure:

1. **Take No Action.**
   
   Registrants who have been granted a deferral, exemption, or extension for completion of components of their QA requirements will require no further action.

2. **Written Notice.**
   
   Registrants who fail to complete one QA requirement in any given year will receive written communication from the College indicating they have not completed the mandatory requirement and will be notified that failure to complete one or more QA requirements in a subsequent year will result in a referral to the Quality Assurance Committee (QAC).

3. **Referral to Quality Assurance Committee.**
   
   Registrants will be referred to the QAC under the following circumstances:
   
   (a) Failure to complete one or more QA requirement in one or more years.
   
   (b) Failure to complete two or more QA requirements in any given year.
   
   (c) Unsatisfactory completion of one or more QA requirement in any given year.
   
   (d) Requests for a deferral, exemption, or extension in consecutive years.

**Potential Outcomes of Referral to the Quality Assurance Committee:**

The Quality Assurance Committee may issue a decision to take one or more of the following actions:

a. Take no action.

b. Grant or deny a request for a deferral, exemption or extension.

c. Provide a written notice.

d. Require the registrant participate in the Competency Review and Evaluation (CRE) process pursuant to paragraph 28(2)(e) of the QA regulation.

e. Request the registrant to enter into an undertaking agreeing to comply with their QA requirements.

f. Require the registrant to participate in a Peer and Practice Assessment (in person, or other) pursuant to 27(4)(a) of the QA regulation.

g. Disclose the name of the registrant and allegations of professional misconduct, incompetence or incapacity to the College’s Inquiries, Complaints and Reports Committee pursuant to 80.2(1)4 of the Health Professions Procedural Code.
Appendix A – Applicable Legislation

**RHPA, 1991, Schedule 2 – Health Professions Procedural Code:**

80.1 A quality assurance program prescribed under section 80 shall include,
(a) continuing education or professional development designed to,

(i) promote continuing competence and continuing quality improvement among the members,
(ii) address changes in practice environments, and
(iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;

(b) self, peer and practice assessments, and

(c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

80.2 (1) The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.

2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member, whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
   ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.

3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member’s knowledge, skill and judgment are now satisfactory.

4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

**Notice**

(2) No direction shall be given to the Registrar under paragraph 2 of subsection (1) unless the member has been given notice of the Quality Assurance Committee’s intention to give direction, and at least 14 days to make written submissions to the Committee.

**RHPA, 1991, Schedule 2 – Health Professions Procedural Code:**

51.1 A panel shall find that a member has committed an act of professional misconduct if,

b) the member has failed to co-operate with the Quality Assurance Committee or any assessor appointed by that committee;
Ontario Regulation 226/96: General

25. (2) Every member shall,
   (a) participate in the program; and
   (b) comply with the requirements of the program.

27. (2) Every member shall keep records of his or her self-assessment and professional development, including records of the results of any learning modules or self-assessment tools that he or she is required to complete, in the form and manner specified by the Committee.

(4) The Committee may refer a member to a peer and practice assessment, where in the opinion of the Committee,

(a) the member’s records that are required to be kept under subsection (2) are not complete or are in adequate

28. (1) Each year the College shall select the names of members required to undergo a peer and practice assessment. O. Reg. 376/12, s. 1.

(2) A member is required to undergo a peer and practice assessment to evaluate his or her knowledge, skill and judgment if,

(a) the member’s name is selected at random, including by stratified random sampling;
(b) the member’s name has been in the pool for random sampling for five or more years and has not been selected and the Committee determines that the member should be selected;
(c) the member is referred for a peer and practice assessment under subsection 27 (4);
(d) the member has been assessed previously and the Committee concludes that another peer and practice assessment should be conducted; or
(e) the member is selected on the basis of criteria specified by the Committee and published on the College’s website at least three months before the member is selected on the basis of the criteria. O. Reg. 376/12, s. 1.

Ontario Regulation 95/07: Professional Misconduct

27. Failing to keep records in accordance with the standard of the profession.

34. Contravening, by act or omission, the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.
COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations Committee
Chair: Julie Chiba Branson
Date: March 29, 2018

Tasks completed since the last Council Meeting:
Patient Relations Committee met on February 22nd, 2018. During the meeting, Committee accomplished the following tasks:

- Revised the Standards for the Prevention of Sexual Abuse and recommended referral to Council for approval
- Reviewed and discussed report from the last Citizen Advisory Group meeting held January 20, 2018
- Received a presentation on Inquiries, Complaints and Reports Committee (ICRC) Trends to inform Committee planning
- Developed a new work plan format aligned with the strategic plan and updated Committee priorities and actions.

Key Priorities:
Patient Relations Committee’s key priorities are the implementation of the enacted provisions of the Protecting Patients Act, 2017, proactive planning for the proposed regulations under the Act, and meeting the legislative mandate of the Committee as it pertains to the education of registrants, Council and staff on professional boundaries and the prevention of sexual abuse of clients.

Leadership Priorities:
1. Confidence in occupational therapy regulation:
2. Quality practice by occupational therapists:
   - Standards for the Prevention of Sexual Abuse were updated to reflect the passing of the Protecting Patients Act, 2017.
3. System impact through collaboration:
   - Continued collaboration with the Citizen’s Advisory Group.

Items for Decision/Discussion:
Revised Standards for the Prevention of Sexual Abuse will be presented to Council for approval.
COMMITTEE REPORT TO COUNCIL

Committee: Nominations Committee
Chair: Mary Egan
Date: March 29, 2018

Tasks Completed since last Council Meeting
The Committee, comprised of Mary Egan and Shannon Gouchie, met by teleconference on two occasions to review the process for the nomination of officers. Mary was selected to be the Chair. Potential candidates were contacted to confirm their willingness to stand for positions and a candidate statement was requested from each individual. The final slate and statements of candidacy will be made available to Council members by electronic mail prior to the commencement of the election.

Key Priorities:
Identify and finalize the selection of officers.
Provide Council members with slate and statements of candidacy in advance of the Council meeting.

Items for Decision / Discussion:
1. Election of Officers
2. Destruction of Ballots
**Council Meeting Evaluation**

**Meeting Date:** March 29, 2018

Please assess how well Council adhered to the expectations we have set:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Most of the time</th>
<th>No</th>
<th>Please provide comments to support your rating, as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Council members were given an opportunity to declare any conflict of interest prior to the start of the meeting.</td>
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<tr>
<td>2. Information was provided in a clear, succinct, and timely manner in advance of the meeting.</td>
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<tr>
<td>3. An agenda was followed in the meeting. Council's time was spent on issues of public interest and safety. Furthermore, Council's focus was on outcomes or intended long term ends rather than on the means to attain those effects.</td>
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<tr>
<td>4. Council deliberations were fair, open and thorough but also timely, orderly and kept to the point.</td>
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<td>5. Each Council member was given an adequate opportunity to participate in discussion and decision-making.</td>
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<tr>
<td>Item</td>
<td>Yes</td>
<td>Most of the time</td>
<td>No</td>
<td>Please provide comments to support your rating, as appropriate</td>
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<tr>
<td>6. The discussions and options considered for each agenda item were sufficient in breadth and quality to support effective decision-making.</td>
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<td>7. Diversity in viewpoints was not discouraged.</td>
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<td>8. The process for collective or group decision-making was made without undue influence of any individual Council member. Once decisions were made, the process supported speaking with one voice.</td>
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<td>9. Council's treatment of all persons was courteous, dignified and fair.</td>
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<tr>
<td>10. Council adhered to a semblance of order in the meeting.</td>
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</table>
Your suggestions for improvement
Understanding that effective leadership involves continual growth and development, what advice would you ask Council to consider in order to strengthen our effectiveness in the future?

Any additional comments?
Please provide any additional comments that you feel may be helpful to this evaluation process. For example, you may wish to highlight where our discussion and decision-making process worked well today and where it may not have been as effective.